**DEPARTMENT OF HEALTH & HUMAN SERVICES**
**Centers for Medicare & Medicaid Services**
**7500 Security Boulevard, Mail Stop S2-25-26**
**Baltimore, Maryland 21244-1850**

**State Demonstrations Group**

October 15, 2019

Jami Snyder
Director
Arizona Health Care Cost Containment System
801 E. Jefferson Street
Phoenix, AZ 85034

Dear Ms. Snyder:

The State of Arizona submitted to the Centers for Medicare & Medicaid Services (CMS) a report titled "AHCCCS 1115 Waiver Final Evaluation Reports", dated July 6, 2018, which represents the demonstration period of October 1, 2011, through September 30, 2016. This submission is in accordance with the state's Special Terms and Conditions (STCs) for the Arizona Health Care Cost Containment System (AHCCCS) section 1115 Medicaid demonstration (Project No. 11-W-00275/9), dated October 22, 2011, which require a final evaluation report (STC #29). CMS appreciates the state's effort and continued emphasis on evaluation activities.

The submitted evaluation report addresses the AHCCCS Acute Care Program (AACP), the Arizona Long Term Care System (ALTCS), the Comprehensive Medical and Dental Program (CMDP), Kids Care, and highlights successes of many program components. The report, however, is not in complete alignment with the state's underlying evaluation design for the demonstration, and CMS has provided feedback to the state which notes areas in need of methodological improvement. Similar to other states with 1115 demonstration evaluations that are transitioning to a more robust approach upon renewal, CMS and the state have concluded that the state should devote its evaluation resources to the current period of performance. In so doing, CMS expects, and the state agrees, that limitations in the summative evaluation of the prior period of performance will be addressed in the current period evaluation. CMS believes that the feedback provided to the state on the evaluation report will help inform the state's next design and reports.

Therefore, CMS acknowledges the receipt of the "AHCCCS 1115 Waiver Final Evaluation Reports" and is posting it to Medicaid.gov. It is required that the state will also make the report available on its state Medicaid website.

We appreciate the state's cooperation and commitment to robust monitoring and evaluation of its current and future section 1115 demonstrations, and we look forward to continued collaboration.

If you have any questions, please contact your project officer, Ms. Kelsey Smyth, at 410-786-7915 or by email at Kelsey.Smyth@cms.hhs.gov.

Sincerely,

/s/

Danielle Daly
Acting Director
Division of Demonstration
Monitoring and Evaluation

/s/

Andrea J. Casart
Director
Division of Medicaid Expansion
Demonstrations

Enclosure

cc: Richard Allen, Director, Western Regional Operations Group

AHCCCS
Arizona Health Care Cost Containment System

# 1115 WAIVER FINAL EVALUATION REPORTS:

- AHCCCS ACUTE CARE PROGRAM (AACP)
- ARIZONA LONG TERM CARE SYSTEM (ALTCS)
- COMPREHENSIVE MEDICAL AND DENTAL PROGRAM (CMDP)
- KIDS CARE

**July 06, 2018**

# Contents

# I. INTRODUCTION

Since 1982, the Arizona Health Care Containment System (AHCCCS)has been delivering high quality, cost effective health care services to low income Arizonans.[1] The State of Arizona has the unique distinction of being the first state to operate under a statewide managed care Section 1115 Research and Demonstration Waiver. Arizona is also the only state that has been operating a statewide managed care program since the inception of its Medicaid program.

Arizona has operated a Section 1115 Waiver demonstration program for the last 36 years. Throughout that time, AHCCCS has learned that, just as populations change, a Medicaid managed care program is most effective when it continually evolves and innovates. Arizona routinely seeks opportunities to refine, modernize and streamline its waiver demonstration programs. The result is a Medicaid managed care operation that strives to builds upon past successes to improve health outcomes for its members and encourage the long-term sustainability of the program.[2]

A brief history of Arizona's Section 1115 waiver demonstration program is provided below.

# II. AHCCCS WAIVER DEMONSTRATION BACKGROUND

On October 22, 2011, the Centers for Medicare and Medicaid Services (CMS) approved an extension of Arizona's Section 1115 Waiver for a five year period through September 30, 2016. As required by the Waiver's Special Terms and Conditions (STCs), Arizona conducted an evaluation of the AHCCCS Acute Care Program (AACP), the Arizona Long Term Care System (ALTCS), the Comprehensive Medical and Dental Program (CMDP), and KidsCare, which is Arizona's Children's Health Insurance Program. The objective of this evaluation was to examine the effectiveness of the AHCCCS demonstration at (1) improving the quality of health care delivered to members; (2) ensuring access to care; (3) maintaining or improving member satisfaction with care; and (4) continuing to operate as a cost-effective delivery model.

**Attachment A** describes the specific hypotheses and the accompanying performance measures that were used to evaluate the impact of the demonstration.

**Overview of the AHCCCS Acute Care Program & the Arizona Long Term Care System:**

Beginning in 1982, Arizona's initial demonstration waiver allowed it to operate a statewide managed care system that covered only acute care services and 90 days post-hospital skilled nursing facility coverage. This program continues to operate under the demonstration today and is referred to as the AHCCCS Acute Care program (AACP).

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[1] Advancing Medicare and Medicaid Integration: Key Program Features and Factors Driving State Investment, available at https://www.chcs.org/resource/advancing-medicare-medicaid-integration-key-program-features-factors-driving-state-investment/; State Strategies: Value-Based Payment for Medicaid Populations with Complex Care Needs, available at https://www.shvs.org/wp-content/uploads/2017/04/Value-Based-Payment-Models_4.10.pdf.

[2] Improving Value for Dual Eligible Beneficiaries: The Role of D-SNPs, available at https://www.antheminc.com/cs/groups/wellpoint/documents/wlp_assets/d19n/mza2/~edisp/pw_g306931.pdf.

Most eligible Medicaid and Children's Health Insurance Program (known as KidsCare in Arizona) members are required to enroll in an AHCCCS-contracted health plan for acute care services. AHCCCS makes prospective capitation payments to acute health plans for each enrolled member.

AHCCCS established two special programs within AACP to serve children with special needs. The first is the Comprehensive Medical and Dental Program (CMDP), which provides health care services to Arizona's children in foster care under a capitation arrangement with the Arizona Department of Child Safety (DCS). The second is the Children's Rehabilitative Services (CRS) program that provides specified services to children with certain medical, handicapping or potentially handicapping conditions. The CRS program provides a multi-specialty interdisciplinary team approach to care focused on the special health care needs of children with CRS qualifying medical conditions.

In 1988, six years after implementation, the original demonstration waiver was substantially amended to allow Arizona to implement a long term care program for the elderly and physically disabled and the developmentally disabled populations – the Arizona Long Term Care System (ALTCS). The ALTCS program provides acute care, long term care, behavioral health services, and home and community based services (HCBS) to Medicaid members who are at risk of institutionalization.

ALTCS is a managed care program administered separately from AACP that provides program services through prepaid, capitated arrangements with program contractors. ALTCS members with developmental disabilities are served through the Arizona Department of Economic Security (DES), Division of Developmental Disabilities (DDD). The ALTCS program strives to ensure that members are living in the least restrictive and most integrated setting and are actively engaged and participating in community life. Over the past 28 years, ALTCS has achieved remarkable success in increasing member placement in HCBS, resulting in significant program savings while also appropriately meeting the needs of members.

**Expansion of Behavioral Health Services:**

In October 1990, AHCCCS began to cover comprehensive behavioral health services. These services were phased in over a five year period, beginning with children who had serious emotionally disabling conditions. Behavioral health services were integrated as part of the benefit package for the ALTCS program, but they were carved out for the AACP and were managed by the Arizona Department of Health Services (ADHS), Division of Behavioral Health Services (DBHS). ADHS/DBHS established capitated managed care contracts with behavioral health organizations, referred to as Regional Behavioral Health Authorities (RBHAs) that were responsible for delivering behavioral health services to AHCCCS members.

**Expansion of KidsCare and Proposition 204 Populations:**

Subsequent to those program service expansions, AHCCCS added two major population groups to the program:

- Title XXI CHIP (referred to as KidsCare in Arizona) members were added in 1998. The KidsCare program has been implemented as a stand-alone CHIP program and includes children under the age of 19 whose family income is below 200 percent of the federal poverty level (FPL).

- Arizona voter-approved Proposition 204 populations were added to Arizona's Section 1115 waiver demonstration program in 2001. These populations include the following Medicaid-eligible individuals whose income is below 100 percent of the FPL: adults without dependent children ("childless adults"), parents and caretaker relatives , and Supplemental Security Income populations.

These additional population groups receive services through the AACP and RBHAs.

**The Effects of the Great Recession on AHCCCS:**

In 2008, the nation experienced a significant economic recession that had a far reaching and lasting effect on Arizona's economy. The state lost over 297,000 jobs by the time the unemployment rate reached its peak at 11.2 percent—only Nevada lost a greater share of its workers during this period. Furthermore, Arizona's high unemployment rate resulted in an increased number of members being eligible for AHCCCS coverage. The recession added more than 300,000 new members to the program, a growth of nearly 30 percent. As a result of this increase, AHCCCS reached a historic high of over 1.4 million members, including over 700,000 children, in September 2011.

The rapid growth of the Medicaid program coupled with revenue declines placed a tremendous strain on the state's General Fund. As a cost cutting measure, the Arizona legislature made cuts of 21.7 percent to the AHCCCS budget for SFY 2012. This was the largest Medicaid budget reduction nationally and was more than twice that of the next highest cut. During this period, AHCCCS found it necessary to reduce benefits and reimbursement rates to contracted health plans, hospitals, and other providers. In addition, the Agency's resources were reduced to the lowest level in years. At that time, innovative strategies focused on quality and system improvement were limited as AHCCCS focused on maintaining the core business requirements of its programs.

Specifically, AHCCCS implemented the following programmatic changes in response to the reductions in funding:

- ***Elimination of HIFA:*** AHCCCS eliminated the Health Insurance For Parents (HIFA) program on October 1, 2009. This program typically covered parents of KidsCare children who had income between 100 percent and 200 percent of the FPL.

- ***Benefit Changes:*** In response to significant fiscal challenges facing the State and substantial growth in the Medicaid population, AHCCCS partnered with its acute care contractors to review and provide preliminary recommendations to modify the acute care adult benefit package. As required by law, AHCCCS consulted with and received input from Arizona's tribes, Indian Health Service Area Offices, and tribal health programs. The process resulted in AHCCCS implementing several changes to the adult benefit package in fiscal year 2009 including the elimination of dental services, services by a podiatrist, insulin pumps, gastric bypass surgery, certain durable medical equipment, specified transplants, and well exams.

- ***Reimbursement Rate Changes:*** Upon completing the appropriate access to care analysis, AHCCCS also implemented a series of provider rate reductions in federal fiscal years 2009, 2011, and 2012. The rate reductions affected a broad range of services including laboratory,

behavioral health, physician and clinical, pediatric and family nurse practitioner, rural health clinic, diagnostic, screening, and preventive services.

- ***KidsCare Enrollment Freeze*:** Due to insufficient state funds available for the state match, an enrollment freeze was placed on the KidsCare program, in which existing members could continue on the program, but no new enrollment was permitted. This enrollment freeze spanned from January 1, 2010, to September 1, 2016, and resulted in enrollment totals dropping from 45,820 children to 528 children.

- ***Proposition 204 AHCCCS Enrollment Freeze:*** In 2011, the Arizona Legislature passed and the Governor signed a budget that froze AHCCCS enrollment for the proposition 204 population. This enrollment freeze spanned from July 1, 2011, to December 31, 2013, and resulted in enrollment totals dropping from 230,123 members to 67,770 members.

- ***Copay Implementation:*** AHCCCS was granted waiver authority from CMS to implement mandatory copay requirements for Childless Adult members. This 1115 Waiver authority expired in 2013. Furthermore, through a State Plan Amendment (SPA), AHCCCS implemented cost sharing for certain populations as authorized under the Deficit Reduction Act (DRA) (§§ 1916 and 1916A of the Social Security Act) as of July 1, 2010. Women eligible for Medicaid through the Breast and Cervical Cancer Treatment Program are exempt from the population in which alternative co-payments were allowed under the DRA.

- ***Safety Net Care Pool (SNCP):*** In April 2012, CMS approved the Safety Net Care Pool (SNCP) program designed to help hospitals manage the burden of uncompensated care costs. Many hospitals across the State participated in SNCP, and the program proved to be incredibly valuable during the economic recession. The SNCP program ended for most hospitals on December 31, 2013, as result of the State's restoration and expansion of Childless Adult coverage. However, SNCP was extended for Phoenix Children's Hospital (PCH) to address issues unique to freestanding children's hospitals that did not benefit from adult coverage restoration and expansion.

- ***Indian Health Service and Tribal-638 Facilities Uncompensated Care Payment*:** On April 6, 2012, CMS granted AHCCCS the authority to make supplemental payments to IHS and 638 facilities to address the fiscal burden of uncompensated care for services provided to previously Medicaid-eligible adults. The objective of this waiver authority is to ensure the viability of the IHS and 638 systems for the provision of care to American Indians.

**Restoration and Expansion of Medicaid Coverage**

In 2013, the Arizona legislature voted to adopt Governor Brewer's Medicaid Restoration and Expansion Plan. The legislation restored coverage for the Proposition 204 population and expanded coverage to the new adult group under the Affordable Care Act (ACA) effective January 1, 2014. The state's restoration and expansion of Medicaid coverage resulted in approximately 400,000 Arizonans gaining coverage as of October 1, 2016 (314,277 in the Proposition 204 population and 80,693 in the Expansion Adult population).

**Integration of Physical Health and Behavioral Health Services**

Despite the challenges of the Great Recession, AHCCCS has been engaged in a multi-year effort to reduce fragmentation for AHCCCS members at the provider, payer and policy levels. Perhaps the most transformational initiative AHCCCS has undertaken in its history is the movement away from having multiple entities responsible for its members' care in order to enhance care management and quality of care across the entire continuum. Through a strategic process, AHCCCS has taken significant steps towards integrating care for its members under one contractor. Starting in 2013, Arizona has implemented the following changes:

- ***CRS Integrated Health Plan:*** In 2013, AHCCCS successfully implemented an integrated health plan contract to oversee all physical health, behavioral health, and specialty services for children with special health care needs enrolled in the Children Rehabilitative Services (CRS) program.

- ***Integrated RBHA Health Plans:*** AHCCCS created the integrated RBHA, the first model nationwide to bring physical health, behavioral health, and social support services together in one plan for persons with serious mental illness (SMI). The model was first launched in Maricopa County in 2014, and expanded to all of Arizona in 2015.

- ***General Mental Health and Substance Abuse (GMH/SA) Services for Dual Eligible Members:*** In 2015, AHCCCS required acute care contactors to begin providing general mental health and substance abuse services to dual eligible members (i.e. those who receive Medicare and Medicaid benefits). As result of this policy, 80,000 dual eligible members are receiving integrated physical health and behavioral health services through their acute health plan.

- ***AHCCCS/DBHS Merger:*** As part of the 2015 legislative session, Governor Ducey proposed and the Arizona Legislature approved an administrative simplification effort that brought together the AHCCCS program with its longstanding partner, the Division of Behavioral Health Services (DBHS) within the Arizona Department of Health Services (ADHS). As result of the Governor's Administrative Simplification effort, DBHS merged with AHCCCS, and the RBHA health plans became directly contracted under AHCCCS.

Additionally, AHCCCS is planning to launch its AHCCCS Complete Care (ACC) integration model on October 1, 2018. Under ACC, managed care organizations will coordinate the provision of physical and behavioral health care services for 1.5 million AHCCCS Acute Care Program members. Integrating care for the vast majority of the Acute care population will lead to enhanced care coordination, the promotion of whole person health care, increased accountability, a streamlined and simplified system from the member's perspective, and ultimately improved health outcomes.

**AHCCCS Payment Modernization Initiatives**

AHCCCS has supported a market-based approach in establishing value-based arrangements that align incentives to improve efficiency and member outcomes. When AHCCCS first began these efforts in 2013, we recognized that contracted MCOs and providers were well-positioned to create new payment models, rather than having these methods dictated by the State. To support this private sector innovation, AHCCCS established broad value-based goals for the system, stipulating the percentage of provider payments that must be governed by value based strategies, and allowed its MCOs to advance Alternative Payment Models (APMs) to best meet the needs of their own unique populations, provider

mix, and geographic regions. As detailed in the table below, AHCCCS established these multi-year goals by various lines of business, recognizing the differing levels of provider maturity and transition time needed within each program.

| Program | CYE 15 | CYE 16 | CYE 17 | CYE 18 | CYE 19 |
|---|---|---|---|---|---|
| **Acute** | 10% | 20% | 35% | 50% | 50% |
| **Integrated LTSS, Medical & Behavioral Health for Elderly & Physically Disabled** | 5% | 15% | 25% | 35% | 50% |
| **Behavioral Health** | - | 5% | 15% | 25% | 35% |

Examples of value based purchasing arrangements implemented by AHCCCS contractors under this market-based model include:

- Total cost of care models that incentivize primary care providers to manage costs and improve overall outcomes;
- Leveraging bundled payments for lower-extremity joint replacements and expanding to cardiac bundles; and
- Home- and Community-Based Services incentive payments predicated on the total cost of care and quality measures.

AHCCCS also has early examples of success. One managed care organization responsible for providing services to individuals with a serious mental illness established an APM with three Forensic Assertive Community Treatment (FACT) teams. These FACT teams are responsible for care for among the most complex members in the program who also require engagement on a variety of social determinants of health. Over approximately two years, these teams produced the following results:

- 31% reduction in psychiatric hospital admissions;
- 18% reduction in members using the Emergency Department;
- 19% reduction in the number of members experiencing homelessness;
- 76% reduction in the number of jail bookings; and
- 84% increase in the percentage of members who saw a medical provider at least once per year.

A critical element of AHCCCS's success in this area has been Arizona's efforts to engage a wide variety of stakeholders in the development of value-based requirements. AHCCCS has consulted with all the major providers and provider groups, large delivery systems and Medicaid MCOs across the state in its design and implementation of value-based models. All AHCCCS policies include a public comment period, allowing these same stakeholders as well as the broader community to inform the establishment of our requirements. This stakeholder engagement has been invaluable in building support for the AHCCCS approach.

## III. DISCUSSION

Despite the significant budgetary challenges encountered by the state during federal fiscal years 2011 through 2016, overall AHCCCS has successfully (1) improved the quality of health care delivered to members; (2) ensured access to care; (3) maintained member satisfaction with care; and (4) continued

to operate as a cost-effective delivery model. Below is a summary of the major evaluation findings for the Acute Care, ALTCS, CMDP, and KidsCare programs.

**Quality of Care**

- **Immunization rates for children and adolescents in the Acute Care program have improved markedly.** Increased focus by AHCCCS managed care plans resulted in positive outcomes for the immunization performance measures for children in the Acute Care program.

- **Immunization rates for children and adolescents in ALTCS and CMDP have declined.** The rates for DTaP, IPV, HBV, and PCV dropped during the demonstration period for ALTCS and CMDP members. As result of the decrease in immunization rates, AHCCCS is developing a Corrective Action Plan (CAP) for Childless Immunization rates with underperforming plans.

- **Well child and adolescent visits rates improved for AHCCCS members in Acute Care, ALTCS, and CMDP.** The well child performance measures have been an important area of focus for the delivery system and the concentrated efforts by the managed care plans have led to an overall improvement across the AHCCCS program.

**Access to Care**

- **The overall rate of inpatient stays and readmissions declined among AHCCCS members during the evaluation period.** AHCCCS regularly shares best practices and provides technical assistance with MCOs in order to reduce preventable hospitalization of members. This effort has resulted in improvements in inpatient stays and readmission rates.

- **The number of ALTCS members that reside in a home and community based setting has increased.** AHCCCS continues to be a national leader in HCBS enrollment, and has achieved remarkable success in increasing member placement in HCBS during the demonstration period. As of federal fiscal year 2016, 86 percent of ALTCS members resided in HCBS, an increase of 14 percentage point from federal fiscal year 2012.

- **Provider participation in the AHCCCS program was not adversely affected by rate cuts.** During the evaluation period, less than 1% of AHCCCS providers terminated participation with AHCCCS due to rate-related reasons within each contract year.

- **Primary Care Physician (PCP) AHCCCS participation rates remained steady during the demonstration period.** The percentage of medical doctors participating in the program remained consistent, and participation by doctors of osteopathic medicine increased slightly.

**Member Satisfaction**

- **In the Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys administered to AHCCCS Acute Care adults and children between 2013 and 2016, satisfaction levels were consistently high for all quality of life measures.** The majority of the respondents gave high rankings to their overall health care and their personal health care providers and said they were generally able to get the care they needed, and get it promptly.

**AHCCCS Program Cost**

- **The AHCCCS Acute Care, ALTCS, and CMDP programs continued to operate within the projected budgetary expectation during the demonstration period.** AHCCCS experienced capitation rate increases of below 3 percent for the Acute Care program, ALTCS, and CMDP programs.

**Limitations and Challenges**

- **AHCCCS encountered a flaw in historical data that limited the state's ability to evaluate certain performance measures including HbA1d and LDL screenings, Influenza vaccinations in older adults, and timeliness of prenatal care.** These measures have been moved to hybrid measures to alleviate the ongoing data challenge and data will be produced as soon as it is available.

- **Circumstantial factors that were unquantifiable in this study may have significantly impacted some performance measure outcomes.** The most significant of these factors included (1) the elimination of and new limitations on covered benefits that occurred during the Great Recession; and (2) the freeze in enrollment for KidsCare members and for adults in the Proposition 204 population, which resulted in significant declines in enrollment.

- **The lack of national benchmarks, allowing for a comparison of AHCCCS waiver demonstration outcomes to national Medicaid outcomes, posed a major challenge.** AHCCCS plans to benchmark program outcomes to national means and percentiles in future waiver demonstration evaluations.

# ATTACHMENT A

## Demonstration Focus Area: AHCCCS Acute Care Program

**Hypotheses:**

- *<u>Quality of care</u> for AHCCCS Acute care program members enrolled in AHCCCS Acute health plans will improve over the waiver demonstration period as it relates to:*
    - *Receipt of medically necessary covered services;*
        - Childhood immunization rates will increase
        - Adolescent immunization rates will increase
        - EPSDT participation rates will increase
        - Annual dental visit rates will increase
        - Well child visits during the first 15 months of life will increase
        - Well child visits for 3, 4, 5 and 6 year olds who have at least one visit will increase
        - Adolescent well care visits will increase
        - Children's access to PCPs will increase
        - Influenza vaccinations in older adults will increase
        - Timeliness of prenatal care will increase
    - *Management of chronic conditions; and*
        - HbA1d and LDL screenings will increase for members diagnosed with diabetes
        - Long-term asthma control medication use for members diagnosed with asthma will increase

- *<u>Member satisfaction</u> in the Acute care program for members enrolled in AHCCCS Acute health plans will improve over the waiver demonstration period.*

- *<u>Access to medical care</u> for AHCCCS Acute care program members enrolled in both rural- and urban-based acute plans will improve over the waiver demonstration period as demonstrated by:*
    - A reduction in readmissions
    - A reduction in inpatient stays
    - Emergency department (ED) utilization will decrease
    - PCP participation in the AHCCCS program will not be adversely affected as a result of rate cuts
    - The number of providers terminating due to rate cuts will not be significant

- *The AHCCCS Acute care program will continue to operate as a <u>cost-effective delivery model</u>*
    - The AHCCCS program will operate within predicted budgetary expectations

| HYPOTHESES | PERFORMANCE MEASURE | TARGET POPULATION | SAMPLING METHODOLOGY | DATA SOURCE | MEASUREMENT PERIOD |
|---|---|---|---|---|---|
| **Childhood immunization rates will increase** | **<u>Childhood Immunizations</u>**<br><br>Percentage of children, two years of age during the measurement period who had:<br><br>▪ 4:3:1:3:3:1 combo series<br>▪ 4:3:1:3:3:1:4 combo series<br>▪ DTaP – 4 doses:<br>▪ IPV – 3 doses<br>▪ MMR – 1 dose<br>▪ Hib – 3 doses<br>▪ HBV – 3 doses<br>▪ VZV – 1 dose<br>▪ PCV – 4 doses | Children two years of age, continuously enrolled in AHCCCS acute health plans | The National Committee for Quality Assurance (NCQA) Health Employer Data Information Set (HEDIS)® methodology, or the CMS Core Measure Set methodology if different, including the sampling methodology will be utilized for this measure. | • Claims<br>• Encounters<br>• Medical Record Review<br>• ASIIS Immunization Registry<br>• Electronic Health Records | CYE 2011: October 1, 2010 through September 30, 2011<br><br>• 4:3:1:3:3:1 combo series: **72.9%**<br>• 4:3:1:3:3:1:4 combo series: **69.1%**<br>• DTaP – 4 doses: **79.5%**<br>• IPV – 3 doses: **91.4%**<br>• MMR – 1 dose: **91.3%**<br>• Hib – 3 doses: **91.5%**<br>• HBV – 3 doses: **87.9%**<br>• VZV – 1 dose: **90.5%**<br>• PCV – 4 doses: **79.9%**<br><br>*Remeasurement period*:<br><br>CYE 2015: October 1, 2014 through September 30, 2015<br>• Combo 2: **77.4%**<br>• Combo 3: **73.2%**<br>• DTaP – 4 doses: **82.9%**<br>• IPV – 3 doses: **90.8%**<br>• MMR – 1 dose: **93%**<br>• Hib – 3 doses: **89.3%**<br>• HBV – 3 doses: **89.9%**<br>• VZV – 1 dose: **92.6%**<br>• PCV – 4 doses: **80.1%**<br><br>**Discussion:**<br>Performance rates for the combination immunizations—4:3:1:3:3:1 combo series (Combo 2) and 4:3::1:3:3:1:4 combo series (Combo 3)—improved by 4.5% and 4.1% respectively. The total number of children receiving DTaP, MMR, HBV, VZV and PCV immunization rates increased by 3.4%, 1.7%, 2%, 2.1% and 0.2% respectively while IPV and HiB immunization rates decreased by 0.6% and 2.2%. |

| HYPOTHESES | PERFORMANCE MEASURE | TARGET POPULATION | SAMPLING METHODOLOGY | DATA SOURCE | MEASUREMENT PERIOD |
|---|---|---|---|---|---|
| **Adolescent immunization rates will increase** | **<u>Adolescent Immunizations</u>**<br><br>Percentage of adolescents that are13 years of age during the measurement period who had:<br><br>• MCV – 1 dose<br>• Tdap/Td – 1 dose<br>• Combo – 1 MCV and1 Tdap/Td | Adolescents age 13 years of age during the measurement period | The National Committee for Quality Assurance (NCQA) Health Employer Data Information Set (HEDIS)® methodology, or the CMS Core Measure Set methodology if different, including the sampling methodology will be utilized for this measure. | • Claims<br>• Encounters<br>• Medical Record Review<br>• ASIIS Immunization Registry<br>• Electronic Health Records | *Baseline measurement period:*<br><br>CYE 2011: October 1, 2010 through September 30, 2011<br><br>• MCV – 1 dose: **83.9%**<br>• Tdap/Td – 1 dose: **85.8%**<br>• Combo – 1 MCV and 1 Tdap/Td: **81.3%**<br><br>*Remeasurement period*:<br><br>CYE 2015: October 1, 2014 through September 30, 2015<br><br>• MCV – 1 dose: **89.5%**<br>• Tdap/Td – 1 dose: **91.2%**<br>• Combo – 1 MCV and 1 Tdap/Td: **88.8%**<br><br>**Discussion:**<br>Individual antigens, as well as the immunization series for adolescent immunization, improved significantly. Increased focus by AHCCCS managed care plans resulted in positive outcomes for the performance measures. |

| HYPOTHESES | PERFORMANCE MEASURE | TARGET POPULATION | SAMPLING METHODOLOGY | DATA SOURCE | MEASUREMENT PERIOD |
|---|---|---|---|---|---|
| **EPSDT participation rates will increase** | **<u>EPSDT Participation</u>**<br><br>Percentage of members, through 20 years of age, who received at least one initial or periodic EPSDT screen during the measurement period. | Members, through age 20 years, enrolled in AHCCCS acute health plans. | Calculated using the CMS 416 specifications (e.g., Report-416) | • Claims<br>• Encounters<br>• Electronic Health Records | *Baseline measurement period:*<br><br>CYE 2011: October 1, 2010 through September 30, 2011<br><br>EPSDT rate: **63%**<br><br>*Remeasurement period*:<br><br>CYE 2016: October 1, 2015 through September 30, 2016<br><br>EPSDT rate: **48.2%**<br><br>**Discussion:**<br>EPSDT participation rates decreased by 14.8% during CYEs 2011-2016. The decline is largely attributed to a change in methodology as well as historical programming limitations that were discovered in 2012. The Quality and Information Services teams worked very closely together to ensure that the methodology was programmed correctly and that data was accurate, reliable, and valid from the point of improvement. |

| HYPOTHESES | PERFORMANCE MEASURE | TARGET POPULATION | SAMPLING METHODOLOGY | DATA SOURCE | MEASUREMENT PERIOD |
|---|---|---|---|---|---|
| **Annual dental visit rates will increase** | **Annual Dental Visits**<br><br>Percentage of members, ages 2 through 20 years who had at least one dental visit during the measurement period. | Members, ages 2 through 20 years, continuously enrolled in AHCCCS acute health plans. | The National Committee for Quality Assurance (NCQA) Health Employer Data Information Set (HEDIS)® methodology, or the CMS Core Measure Set methodology if different, including the sampling methodology will be utilized for this measure. | • Claims<br>• Encounters<br>• Electronic Health Records | *Baseline measurement period:*<br><br>CYE 2011, October 1, 2010 through September 30, 2011<br><br>Rate: **62.9%**<br><br>*Remeasurement period*:<br><br>CYE 2016: October 1, 2015 through September 30, 2016<br><br>Rate**: 58.6%**<br><br>**Discussion:**<br>The utilization rate for annual dental visits remained relatively stable in CYEs 2011-2016. Oral health has been a major area of focus for AHCCCS over the past six years. Arizona was one of the first states to develop and implement a Dental Plan and has since worked very closely with CMS on dental data and oral health initiatives. AHCCCS was chosen to participate in a CMS/CHCS Learning Collaborative on Oral Health and from that created a statewide workgroup made up of representatives from all MCOs as well as state SMEs/stakeholders to drive improvement in this area. |

| HYPOTHESES | PERFORMANCE MEASURE | TARGET POPULATION | SAMPLING METHODOLOGY | DATA SOURCE | MEASUREMENT PERIOD |
|---|---|---|---|---|---|
| **Well child visits during the first 15 months of life will increase** | **Well-Child Visits**<br><br>Percentage of children, who had six or more well child visits during first 15 months of life. | Children, ages 15 months who were continuously enrolled in AHCCCS acute health plans. | The National Committee for Quality Assurance (NCQA) Health Employer Data Information Set (HEDIS)® methodology, or the CMS Core Measure Set methodology if different, including the sampling methodology will be utilized for this measure. | • Claims<br>• Encounters<br>• Medical Record Review<br>• Electronic Health Records | *Baseline measurement period:*<br><br>CYE 2011: October 1, 2010 through September 30, 2011<br><br>Rate: **70.5%**<br><br>*Remeasurement period*:<br><br>CYE 2016: October 1, 2015 through September 30, 2016<br><br>Rate: **57.7%**<br><br>**Discussion:**<br>AHCCCS managed care plans improved the utilization rate for well-child visit during the first 15 months of life by almost 1% during CYEs 2011-2014. Improvement in this area is attributed to this measure being one of six measures linked to the Agency's payment reform initiative that give MCOs an opportunity to maintain and/or gain additional capitation payment for strong performance. CYEs 2015 - 2016 saw a decline in the utilization rate for well-child visit during the first 15 months of life. MCO's will continue to drive improvement in this area. |

| HYPOTHESES | PERFORMANCE MEASURE | TARGET POPULATION | SAMPLING METHODOLOGY | DATA SOURCE | MEASUREMENT PERIOD |
|---|---|---|---|---|---|
| **Well child visits for 3, 4, 5 and 6 year olds who have at least one visit will increase** | **Well-Child Visits**<br><br>Percentage of children who were 3, 4, 5, or 6 years and had at least one well child visit during the measurement period. | Children, ages 3 through 6 years, continuously enrolled in AHCCCS acute health plans. | The National Committee for Quality Assurance (NCQA) Health Employer Data Information Set (HEDIS)® methodology, or the CMS Core Measure Set methodology if different, including the sampling methodology will be utilized for this measure. | • Claims<br>• Encounters<br>• Medical Record Review<br>• Electronic Health Records | *Baseline measurement period:*<br><br>CYE 2011: October 1, 2010 through September 30, 2011<br><br>Rate: **64.5%**<br><br>*Remeasurement period*:<br><br>CYE 2016: October 1, 2015 through September 30, 2016<br><br>Rate: **61.0%**<br><br>**Discussion:**<br>There was a slight decline in the utilization rate for well-child visits during CYEs 2015-2016, as a result of new populations that were added to the Acute program in CYE 2015. Years prior to CYE 2015 showed slight increases in performance. MCOs have been working to educate new members on the services that are available to them as well as the importance of timely care and assessments each year. MCO's will continue to drive improvement in this area. |

| HYPOTHESES | PERFORMANCE MEASURE | TARGET POPULATION | SAMPLING METHODOLOGY | DATA SOURCE | MEASUREMENT PERIOD |
|---|---|---|---|---|---|
| **Adolescent well care visits will increase** | **Adolescent Well Care Visits**<br><br>Percentage of members, ages 12 through 21 years who had at least 1 well-care visit during the measurement period. | Members, ages 12 through 21 years, continuously enrolled in AHCCCS acute health plans. | The National Committee for Quality Assurance (NCQA) Health Employer Data Information Set (HEDIS)® methodology, or the CMS Core Measure Set methodology if different, including the sampling methodology will be utilized for this measure. | • Claims<br>• Encounters<br>• Electronic Health Record<br>• Medical Record Review | *Baseline measurement period:*<br><br>CYE 2011: October 11, 2010 through September 30, 2011<br><br>Rate: **35.2%**<br><br>*Remeasurement period*:<br><br>CYE 2016: October 1, 2015 through September 30, 2016<br><br>Rate: **39.2%**<br><br>**Discussion:**<br>Rates have remained relatively stable in CYEs 2011 – 2016. This measure remains a high priority for AHCCCS. It provides opportunities to address health and safety concerns and to set the stage for a healthy lifestyle into adulthood. |
| **Children's access to PCPs will increase** | **Children's Access to Primary Care Providers (PCPs)**<br><br>Percentage of children/adolescents who had an annual visit with a PCP at:<br>• 12 - 24 months<br>• 25 months – 6 years<br>• 7 – 11 years<br>• 12 – 19 years | Members, 12 months to 19 years, continuously enrolled in AHCCCS acute health plans. | The National Committee for Quality Assurance (NCQA) Health Employer Data Information Set (HEDIS)® methodology, or the CMS Core Measure Set methodology if different, including the sampling methodology will be utilized for this measure. | • Claims<br>• Encounters<br>• Electronic Health Record<br>• Medical Record Review | *Baseline measurement period:*<br><br>CYE 2011: October 1, 2010 through September 30, 2011<br><br>• 12 - 24 months: **96.8%**<br>• 25 months – 6 years: **86.9%**<br>• 7 – 11 years: **89.3%**<br>• 12 – 19 years: **87.2%**<br><br>*Remeasurement period*:<br><br>CYE 2016: October 1, 2015 through September 30, 2016 |

| HYPOTHESES | PERFORMANCE MEASURE | TARGET POPULATION | SAMPLING METHODOLOGY | DATA SOURCE | MEASUREMENT PERIOD |
|---|---|---|---|---|---|
| | | | | | • 12 - 24 months: **92.1%**<br>• 25 months – 6 years: **85.4%**<br>• 7 – 11 years: **90.6%**<br>• 12 – 19 years: **88.0%**<br><br>**Discussion:**<br>The percentage of children ages 12 months to 6 years who have had an annual visit with a PCP has slightly decreased in CYE 2011-2016. However, access to PCP services has improved for members ages 7-19 years. The success in performance rates for members is primarily attributed to innovative outreach activities, incentive program, as well as strong messaging techniques to encourage regular visits. The performance rate decline for members 12 months to 6 years is attributed to an expanded population and is being addressed through member/caregiver education and outreach. |

| HYPOTHESES | PERFORMANCE MEASURE | TARGET POPULATION | SAMPLING METHODOLOGY | DATA SOURCE | MEASUREMENT PERIOD |
|---|---|---|---|---|---|
| **Influenza vaccinations in older adults will increase** | **<u>Older Adults who receive an influenza vaccination who are:</u>**<br>• 50 – 64 years<br>• 65+ years | AHCCCS Acute care members ages 50-64 years of age and 65 years or older | HEDIS-like measure. The National Committee for Quality Assurance (NCQA) Health Employer Data Information Set (HEDIS)® methodology, or the CMS Core Measure Set methodology if different, including the sampling methodology will be utilized for this measure. AHCCCS will not include a member survey to collect data for this measure. | • Claims<br>• Encounters<br>• Electronic Health Record<br>• Medical Record Review<br>• ASIIS Immunization Registry | *Baseline measurement:*<br><br>CYE 2014: October 1, 2013 through September 30, 2014<br><br>50-64 years: **29.1%**<br>65 + years: **32.8%**<br><br>*Remeasurement period*:<br><br>CYE 2016: October 1, 2015 through September 30, 2016<br><br>50-64 years: N/A<br>65 + years: N/A<br><br>**Discussion:**<br>We are unable to provide the rate at this time. Hybrid Audit remains pending. QI team is currently reviewing medical records to determine performance. |

| HYPOTHESES | PERFORMANCE MEASURE | TARGET POPULATION | SAMPLING METHODOLOGY | DATA SOURCE | MEASUREMENT PERIOD |
|---|---|---|---|---|---|
| **HbA1d and LDL screenings will increase for members diagnosed with diabetes** | **Diabetes Care**<br><br>Percentage of members who:<br>▪ had one or more HbA1c test<br>▪ LDL screening | Members, ages 18 – 75 years, continuously enrolled in AHCCCS acute health plans and who had a diagnosis of type 1 or type 2 diabetes. | HEDIS-like measure. The National Committee for Quality Assurance (NCQA) Health Employer Data Information Set (HEDIS)® methodology, or the CMS Core Measure Set methodology if different, including the sampling methodology will be utilized for this measure. At this time AHCCCS is not able to collect the results of the lab tests. When EHRs and HIE are more complete within the system AHCCCS will move toward implementation of the outcomes methodology utilized by NCQA. | • Claims<br>• Encounters<br>• Electronic Health Records<br>• Medical Record Review | *Baseline measurement:*<br>CYE 2011: October 1, 2010 through September 30, 2011<br><br>HbA1c rate: N/A<br>LDL screening rate: N/A<br><br>*Remeasurement period*:<br><br>CYE 2015: October 1, 2014 through September 30, 2015<br><br>HbA1c rate: N/A<br>LDL screening rate: N/A<br><br>**Discussion:**<br>AHCCCS encountered a major flaw in the historical data (CYE 2011), and it cannot be utilized for the evaluation report. The Agency experienced similar problems with the newer data run. This measure was moved to a hybrid measure to alleviate the ongoing data challenge. Data is currently unavailable. QI Team is currently reviewing medical records to determine performance. |

| HYPOTHESES | PERFORMANCE MEASURE | TARGET POPULATION | SAMPLING METHODOLOGY | DATA SOURCE | MEASUREMENT PERIOD |
|---|---|---|---|---|---|
| **Long-term asthma control medication use for members diagnosed with asthma will increase** | **<u>Asthma Management</u>**<br><br>Percentage of members, ages 5 through 64 years, who had at least one dispensed prescription that is acceptable as primary therapy for long-term asthma control<br><br>Rate: **N/A** | Members, ages 5 - 64 years, continuously enrolled in AHCCCS Acute health plans and who have a diagnosis of asthma | The National Committee for Quality Assurance (NCQA) Health Employer Data Information Set (HEDIS)® methodology, or the CMS Core Measure Set methodology if different, including the sampling methodology will be utilized for this measure. | • Claims<br>• Encounters | *Baseline measurement period:*<br>CYE 2011: October 1, 2010 through September 30, 2011<br><br>Rate: **94.8%**<br><br>*Remeasurement period*:<br><br>CYE 2014: October 1, 2013 through September 30, 2014<br>Rate: **80.58%**<br><br>**Discussion:**<br>The observed decline for this performance measure is attributed to a change in methodology. For this reason, the baseline and re-measurement data are not comparable. Additionally, AHCCCS has moved away from this performance measure and does not have CYE 2016 data. However, the clinical team is using the Asthma Medication Ratio performance measure to track the percentage of members ages 19 to 64 who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50, 0.75, or greater during the measurement year. Furthermore, AHCCCS continues to encourage all MCOs to have an asthma-based disease management program for their members. |

| HYPOTHESES | PERFORMANCE MEASURE | TARGET POPULATION | SAMPLING METHODOLOGY | DATA SOURCE | MEASUREMENT PERIOD |
|---|---|---|---|---|---|
| **Timeliness of prenatal care will increase** | **Timeliness of Prenatal Care**<br><br>Percentage of female members, who had a prenatal care visit during their first trimester of pregnancy or within 42 days of enrollment. | Female members enrolled in AHCCCS acute health plans, who had a live birth during the measurement period. | The National Committee for Quality Assurance (NCQA) Health Employer Data Information Set (HEDIS)® methodology, or the CMS Core Measure Set methodology if different, including the sampling methodology will be utilized for this measure. | • Claims<br>• Encounters<br>• Electronic Health Records<br>• Medical Record Review | *Baseline measurement period:*<br><br>CYE 2011: October 1, 2010 through September 30, 2011<br><br>Rate: N/A<br><br>*Remeasurement period*:<br><br>CYE 2015: October 1, 2014 through September 30, 2015<br><br>Rate: N/A<br><br>**Discussion:**<br>AHCCCS encountered a major flaw in the historical data (CYE 2011), and it cannot be utilized. The Agency experienced similar problems with the newer data run. This measure was moved to a hybrid measure to alleviate the ongoing data challenge. Data is currently not available. QI Team is currently reviewing medical records to determine performance. |
| **Member satisfaction survey results will indicate a high degree of satisfaction with quality of life indicators** | **Member Satisfaction**<br><br>Percentage of members (adults and children) who give the highest ratings (9 or 10) for:<br>• Rating of health plan<br>• Rating of personal doctor/nurse<br>• Rating of receipt of health care<br>• Rating of specialist seen most often | Medicaid eligible members (adults and children) enrolled in AHCCCS acute health plans (excluding CMDP). | National Committee for Quality Assurance (NCQA) Health Employer Data Information Set (HEDIS)® methodology – CAHPS Survey Tool | Member Survey<br><br>Sampling will occur utilizing the HEDIS methodology technical specifications. | *Baseline Measurement period*:<br>CYE 2013: October 1. 2012- September 30, 2013<br><br>Reported for ages:<br>• **0 through 20 years:**<br>o Rating of health plan: **70.3%**<br>o Rating of receipt of health care: **69.3%**<br>o Rating of personal doctor/nurse: **74.6%**<br>o Rating of specialist seen most often: **73.8%**<br>o Getting needed care: **84%**<br>o Getting prescription medicine: N/A<br>o Getting care quickly: **88.4%**<br>o How well doctors communicate: **92.3%** |

| HYPOTHESES | PERFORMANCE MEASURE | TARGET POPULATION | SAMPLING METHODOLOGY | DATA SOURCE | MEASUREMENT PERIOD |
|---|---|---|---|---|---|
| | • Getting needed care<br>• Getting prescription medicine<br>• Getting care quickly<br>• How well doctors communicate | | | | • **21 years and older**<br>o Rating of health plan: **55.9%**<br>o Rating of receipt of health care: **51.2%**<br>o Rating of personal doctor/nurse: **60%**<br>o Rating of specialist seen most often: **63.6%**<br>o Getting needed care: **81%**<br>o Getting prescription medicine: **N/A**<br>o Getting care quickly: **80.6%**<br>o How well doctors communicate: **88.22%**<br><br>*Remeasurement period*:<br><br>2016 CAHPS<br><br>Reported for ages:<br>• **0 through 20 years:**<br>o Rating of health plan: **73.1%**<br>o Rating of receipt of health care: **73.4%**<br>o Rating of personal doctor/nurse: **76.9%**<br>o Rating of specialist seen most often: **65.4%**<br>o Getting needed care: **85.2%**<br>o Getting prescription medicine: **N/A**<br>o Getting care quickly: **87.9%**<br>o How well doctors communicate: **93.5%**<br><br>• **21 years and older**<br>o Rating of health plan: **61.2%**<br>o Rating of receipt of health care: **57.3%**<br>o Rating of personal doctor/nurse: **65.1%**<br>o Rating of specialist seen most often: **67%**<br>o Getting needed care: **83.3%**<br>o Getting prescription medicine: **N/A**<br>o Getting care quickly: **81.5%**<br>o How well doctors communicate: **89.8%** |

| HYPOTHESES | PERFORMANCE MEASURE | TARGET POPULATION | SAMPLING METHODOLOGY | DATA SOURCE | MEASUREMENT PERIOD |
|---|---|---|---|---|---|
| | | | | | **Discussion:**<br>The member satisfaction survey results have indicated a high degree of satisfaction with the quality of life indicators for members including satisfaction with health plan, getting needed care, getting care quickly. Member satisfaction ratings have increased for all members enrolled in the Acute Care program. |
| **Inpatient stays will decrease** | **Inpatient Utilization-** Total general hospital/acute care inpatient days per 1,000 member months. | AHCCCS Acute care members | The National Committee for Quality Assurance (NCQA) Health Employer Data Information Set (HEDIS)® methodology, or the CMS Core Measure Set methodology if different, will be utilized for this measure. Behavioral health inpatient stays will be excluded in this calculation | • Claims<br>• Encounters<br>• Electronic Health Records | *Baseline measurement:*<br><br>CYE 2014: October 1, 2013 through September 30, 2014<br><br>Inpatient Days per 1,000 Member Months: **30.6**<br><br>*Remeasurement period:*<br><br>CYE 2016: October 1, 2015 through September 30, 2016<br><br>Inpatient Days per 1,000 Member Months: **27.6**<br><br>**Discussion:**<br>The inpatient utilization rate has decreased during the demonstration period. The total inpatient days per 1,000 member months has declined by 3% during CYE 2014-2016. |

| HYPOTHESES | PERFORMANCE MEASURE | TARGET POPULATION | SAMPLING METHODOLOGY | DATA SOURCE | MEASUREMENT PERIOD |
|---|---|---|---|---|---|
| **Readmissions will decrease** | **Readmissions**<br>Within 30 days of discharge from an acute care stay | AHCCCS Acute care members | The National Committee for Quality Assurance (NCQA) Health Employer Data Information Set (HEDIS)® methodology, or the CMS Core Measure Set methodology if different, will be utilized for this measure. Behavioral health inpatient stays will be excluded in this calculation | • Claims<br>• Encounters<br>• Electronic Health Records | *Baseline measurement:*<br><br>CYE 2014: October 1, 2013 through September 30, 2014<br><br>Plan All-Cause Readmission: **13.6%**<br><br>*Remeasurement period:*<br><br>CYE 2016: October 1, 2015 through September 30, 2016<br><br>Plan All-Cause Readmission: **11.2%**<br><br>**Discussion:**<br>The Plan All-Cause Readmission rate has continued to see a decline during CYE's 2014 – 2016. MCOs have been working to educate members on services that are available to them. MCO's will continue to drive improvement in this area. |

| HYPOTHESES | PERFORMANCE MEASURE | TARGET POPULATION | SAMPLING METHODOLOGY | DATA SOURCE | MEASUREMENT PERIOD |
|---|---|---|---|---|---|
| **Emergency department (ED) utilization will decrease** | **<u>Emergency Department (ED) Utilization</u>**<br><br>ER visits per 1,000 member months | AHCCCS Acute care members | ER visits per 1,000 Acute care member months.<br><br>A sampling methodology will not be used for this measure. | • Claims<br>• Encounters<br>• Electronic Health Records<br>• Arizona Health Query (state licensed provider data bank) | *Baseline measurement:*<br><br>CYE 2014: October 1, 2013 through September 30, 2014<br><br>ED visits per 1,000: **56 visits per 1,000**<br><br>***Remeasurement period:***<br><br>CYE 2016: October 1, 2015 through September 30, 2016<br><br>ED visits per 1,000: **56 visits per 1,000**<br><br>**Discussion:**<br>CYE 2016 saw a decrease in ED Visits per 1,000 compared to CYE 2014. ED Utilization has remained relatively stable since the baseline measurement year. |

| HYPOTHESES | PERFORMANCE MEASURE | TARGET POPULATION | SAMPLING METHODOLOGY | DATA SOURCE | MEASUREMENT PERIOD |
|---|---|---|---|---|---|
| **The number of providers participating in the AHCCCS program will not be adversely affected due to rate cuts** | **<u>Providers terminating as AHCCCS registered providers due to rates</u>**<br><br>Percentage of AHCCCS providers that terminate participation with AHCCCS due to rate related reasons within each contract year.<br><br>Note: Provider terminations are not program specific. Therefore, the rates reported will be for the AHCCCS program overall. | Providers registered to provide services to AHCCCS members. | A sampling methodology will not be applied to this measure.<br><br>This measure is calculated by using the numbers of providers enrolled with AHCCCS on the contract year begin date versus the number of providers that terminated participation with AHCCCS during the contract year due to rate related reasons. | AHCCCS Contractor Dashboards | *Baseline measurement:*<br><br>CYE 2011: October 1, 2010 through September 30, 2011<br><br>Rate: **0.142%**<br><br>*Re-measured annually:*<br><br>*CYE 2012*<br>Rate: **0.523%**<br><br>*CYE 2013*<br>Rate: **0.069%**<br>*CYE 2014*<br>Rate: **0.804%**<br><br>*CYE 2015*<br>Rate: **0.085%**<br><br>**Discussion:**<br>Provider participation in the AHCCCS program was not adversely affected by rate cuts. During the evaluation period, less than 1% of AHCCCS providers terminated participation with AHCCCS due to rate related reasons within each contract year. |

| HYPOTHESES | PERFORMANCE MEASURE | TARGET POPULATION | SAMPLING METHODOLOGY | DATA SOURCE | MEASUREMENT PERIOD |
|---|---|---|---|---|---|
| **PCP participation in the AHCCCS program will remain at the same level** | **PCP Participation**<br><br>Percentage of licensed, active MD's and DO's practicing in Arizona that are AHCCCS registered providers | Active providers (DO and MD) licensed to practice in Arizona. | This measure will be calculated using the AHCCCS Provider Registration database and data from the MD and DO Medical Board data bases.<br><br>A sampling methodology will not be applied to this measure | • Arizona Medical Board Data Base<br>• Osteopathic Medical Board Data Base<br>• AHCCCS Provider Registration Data Base | *Baseline measurement period:*<br><br>CYE 2011: October 1, 2010 through September 30, 2011<br><br>Participation percent:<br>MD: 17,973 **(33%)**<br>DO: 1,815 **(3%)**<br><br>*Remeasurement period*:<br><br>CYE 2015: October 1, 2014 through September 30, 2015<br><br>Participation percent:<br>MD: 21,359 **(33%)**<br>DO: 2,459 **(4%)**<br><br>**Discussion:**<br>PCP participation in the AHCCCS program remained relatively the same during the evaluation. The percentage of MD's participating in the program remained consistent at 33%, and participation by DO's increased by 1%. |

| HYPOTHESES | PERFORMANCE MEASURE | TARGET POPULATION | SAMPLING METHODOLOGY | DATA SOURCE | MEASUREMENT PERIOD |
|---|---|---|---|---|---|
| **The AHCCCS program will operate within predicted budgetary expectations** | **<u>Program Costs</u>**<br><br>Average annual AHCCCS capitation rate changes compared to budgetary expectations | Members enrolled in the following AHCCCS programs:<br>• Acute | In analyzing this measure AHCCCS will use the average annual capitation rates paid to all programs. A sampling methodology will not be applied. | AHCCCS Capitation Rates | *Measurement Period*<br><br>CYE 2012: October 1, 2011 to September 30, 2012.<br>AHCCCS rate change: **-9.34%**<br>Budgetary expectation: **5.3%**<br><br>CYE 2013: October 1, 2012 to September 30, 2013.<br>AHCCCS rate change: **2.33%**<br>Budgetary expectation: **5.3%**<br><br>CYE 2014: October 1, 2013 to September 30, 2014.<br>AHCCCS rate change:**1.42%**<br>Budgetary expectation: **5.3%**<br><br>CYE 2015: October 1, 2014 to September 30, 2015.<br>AHCCCS rate change: **3%**<br>Budgetary expectation: **5.3%** |

## Demonstration Focus Area: ALTCS Program

**Hypotheses:**

- *Quality of care for AHCCCS ALTCS program members enrolled in AHCCCS EPD and DDD health plans will improve over the waiver demonstration period as it relates to:*
  - *Receipt of covered services;*
    - Immunization rates will increase
    - EPSDT participation rates will increase
    - Annual dental visit rates will increase
    - Children ages 3, 4, 5 and 6 years of age who have at least one well child visit will increase
    - Adolescents ages 12 through 21 years of age who have one well care visit will increase
    - Influenza vaccinations for older adults will increase

- *Access to care for AHCCCS ALTCS Program members enrolled in EPD and DDD health plans will improve over the demonstration period as evidenced by:*
  - A reduction in readmissions
  - A reduction in inpatient stays
  - Stability of provider network
    - The number of providers participating in the AHCCCS program will not be adversely affected due to rate cuts

- *The AHCCCS ALTCS program will continue to operate as a cost effective service delivery model during the waiver demonstration period as demonstrated by:*
  - The AHCCCS program will operate within predicted budgetary expectations

- *Quality of life for ALTCS members (EPD and DDD) who reside in a home and community based setting will improve over the waiver demonstration period as demonstrated by.*
  - The percentage of ALTCS members residing in a home and community based setting will be maintained above 80 percent
  - The number of direct care workers with documentation of qualified training will increase
  - Member satisfaction survey results will indicate a high degree of satisfaction with quality of life indicators
  - The number of ALTCS members that reside in a home and community based setting will increase
  - The percentage of ALTCS members utilizing either Self-Directed Attendant Care or Agency with Choice will increase

| HYPOTHESES | PERFORMANCE MEASURE | TARGET POPULATION | SAMPLING METHODOLOGY | DATA SOURCE | MEASUREMENT PERIOD |
|---|---|---|---|---|---|
| **Immunization rates will increase** | **<u>Childhood Immunizations</u>**<br><br>Percentage of children, two years of age during the measurement period who had:<br>▪ 4:3:1:3:3:1 combo series<br>▪ 4:3:1:3:3:1:4 combo series<br>▪ DTaP – 4 doses<br>▪ IPV – 3 doses<br>▪ MMR – 1 dose<br>▪ Hib – 3 doses<br>▪ HBV – 3 doses<br>▪ VZV – 1 dose<br>▪ PCV – 4 doses | Children at two years of age continuously enrolled in the ALTCS DDD program. | The National Committee for Quality Assurance (NCQA) Health Employer Data Information Set (HEDIS)® methodology, or the CMS Core Measure Set methodology if different, including the sampling methodology will be utilized for this measure. | • Claims<br>• Encounters<br>• Medical Record Extraction<br>• ASIIS Immunization Registry<br>• Electronic Health Records | *Baseline measurement period:*<br><br>CYE 2011: October 1, 2010 through September 30, 2011<br><br>• 4:3:1:3:3:1 combo series: **76.3%**<br>• 4:3::1:3:3:1:4 combo series: **60.2%**<br>• DTaP – 4 doses: **74.2%**<br>• IPV – 3 doses: **79.6%**<br>• MMR – 1 dose: **80.7%**<br>• Hib – 3 doses: **87.1%**<br>• HBV – 3 doses: **78.5%**<br>• VZV – 1 dose: **82.8%**<br>• PCV – 4 doses: **76.3%**<br><br>*Remeasurement period:*<br><br>CYE 2015: October 1, 2014 through September 30, 2015<br><br>• Combo 2: **45.9%**<br>• Combo 3: **42.1%**<br>• DTaP – 4 doses: **63.9%**<br>• IPV – 3 doses: **72.2%**<br>• MMR – 1 dose: **84.2%**<br>• Hib – 3 doses: **81.2%**<br>• HBV – 3 doses: **66.2%**<br>• VZV – 1 dose: **81.2%**<br>• PCV – 4 doses: **58.6%**<br><br>**Discussion:**<br>The immunization rate for children under two years in ALTCS/ DDD declined during the demonstration period. The combination immunizations—4:3:1:3:3:1 combo series (Combo 2) and 4:3::1:3:3:1:4 combo series (Combo 3)—decreased by 30.4% and 18.1% respectively. The total rate of children receiving MMR increased by 3.5%. The rates for DTaP, IPV, Hib, HBV, VZV, and PCV dropped during the demonstration period. AHCCCS is in the process of developing Corrective Action Plan (CAP) for Childless Immunization rates with underperforming plans. |

| HYPOTHESES | PERFORMANCE MEASURE | TARGET POPULATION | SAMPLING METHODOLOGY | DATA SOURCE | MEASUREMENT PERIOD |
|---|---|---|---|---|---|
| **EPSDT participation rates will increase** | **EPSDT Participation**<br><br>Percentage of members, through age 20 years, who received at least one initial or periodic EPSDT screen during the measurement period. | Members, through age 20 years, enrolled in ALTCS – DDD. | Per CMS specification (e.g., Report-416) | • Claims<br>• Encounters | *Baseline measurement period:*<br><br>CYE 2011: October 1, 2010 through September 30, 2011<br><br>Rate: **50.0%**<br><br>*Remeasurement period:*<br><br>CYE 2016 : October 1, 2015 through September 30, 2016<br><br>DDD/EPSDT Rate: **47.3%**<br><br>**Discussion:**<br>EPSDT rates for members enrolled in ALTCS DDD dropped by 2.7% during CYEs 2011-2016. The decline is largely attributed to a change in methodology as well as historical programming limitations that were discovered in 2012. The Quality and Information Services teams worked very closely together to ensure that the methodology was programmed correctly and that data was accurate, reliable, and valid from the point of improvement. |
| **Annual dental visit rates will increase** | **Annual Dental Visits**<br><br>Percentage of members, ages 2 through 20 years who had at least one dental visit during the measurement period. | Members, ages 2 through 20 years, continuously enrolled in ALTCS - DDD. | The National Committee for Quality Assurance (NCQA) Health Employer Data Information Set (HEDIS)® methodology, or the CMS Core Measure Set methodology if different, including the sampling methodology will be utilized for this measure. | • Claims<br>• Encounters<br>• Medical Record Review<br>• Electronic Health Records | *Baseline measurement period:*<br><br>CYE 2011: October 1, 2010 through September 30, 2011<br><br>Rate: **50.3%**<br><br>*Remeasurement period:*<br><br>CYE 2016: October 1, 2015 through September 30, 2016<br><br>DDD Rate: **51.9%**<br><br>**Discussion:**<br>The annual dental visits rate for ALTCS members age 2- 20 years improved by 1.6% during CYEs 2011-2016. |

| HYPOTHESES | PERFORMANCE MEASURE | TARGET POPULATION | SAMPLING METHODOLOGY | DATA SOURCE | MEASUREMENT PERIOD |
|---|---|---|---|---|---|
| **Children ages 3, 4, 5 and 6 years of age who have at least one well child visit will increase** | **Well-Child Visits**<br><br>Percentage of children who were 3, 4, 5, or 6 years who had at least one well child visit during the measurement period. | Children, ages 3 through 6 years, continuously enrolled in ALTCS - DDD. | The National Committee for Quality Assurance (NCQA) Health Employer Data Information Set (HEDIS)® methodology, or the CMS Core Measure Set methodology if different, including the sampling methodology will be utilized for this measure. | • Claims<br>• Encounters<br>• Medical Record Review<br>• Electronic Health Records | *Baseline measurement period:*<br><br>CYE 2011: October 1, 2010 through September 30, 2011<br><br>Rate: **50.3%**<br><br>*Remeasurement period:*<br><br>CYE 2016: October 1, 2015 through September 30, 2016<br><br>DDD Rate: **51.2%**<br><br>**Discussion:**<br>The percentage of children who were 3-6 years who had at least one well-child visit in CYE 2011-2016 increased by almost 1%. This measure has been added to AHCCCS payment reform initiatives so it is anticipated that this rate will continue to increase in future measurements. |
| **Adolescents ages 12 through 21 years of age who have one well care visit will increase** | **Adolescent Well Care Visits**<br><br>Percentage of members, ages 12 through 21 years who had at least one well-care visit during the measurement period. | Members, ages 12 through 21 years, continuously enrolled in ALTCS - DDD. | The National Committee for Quality Assurance (NCQA) Health Employer Data Information Set (HEDIS)® methodology, or the CMS Core Measure Set methodology if different, including the sampling methodology will be utilized for this measure. | • Claims<br>• Encounters<br>• Medical Record Review<br>• Electronic Health Records | *Baseline measurement period:*<br><br>CYE 2011: October 1, 2010 through September 30, 2011<br><br>Rate: **37.5%**<br><br>*Remeasurement period:*<br><br>CYE 2016: October 1, 2015 through September 30, 2016<br><br>DDD Rate: **43.5%**<br><br>**Discussion:**<br>The percentage of members age 12-21 years who had at least one well-care visit increased by 6% during CYEs 2011-2016. This measure has been added to AHCCCS payment reform initiatives so it is anticipated that this rate will continue to increase in future measurements. |

| HYPOTHESES | PERFORMANCE MEASURE | TARGET POPULATION | SAMPLING METHODOLOGY | DATA SOURCE | MEASUREMENT PERIOD |
|---|---|---|---|---|---|
| **Influenza vaccinations for older adults will increase** | **Flu Shots for Older Adults who receive an influenza vaccination who were:**<br>• 50 – 64 years<br>• 65+ years | AHCCCS E/PD and DDD members ages 50-64 years of age and 65 years or older | The National Committee for Quality Assurance (NCQA) Health Employer Data Information Set (HEDIS)® methodology, or the CMS Core Measure Set methodology if different, including the sampling methodology will be utilized for this measure. | • Claims<br>• Encounters<br>• Medical Record Review<br>• ASIIS Immunization Registry<br>• Electronic Health Records | *Baseline measurement:*<br><br>CYE 2011: October 1, 2010 through September 30, 2011<br><br>*E/PD*<br>• Combined rate (50-65+): 56%<br>*DDD*<br>• 50-64 years: N/A<br>• 65+ years: N/A<br><br>*Remeasurement period*:<br><br>CYE 2014: October 1, 2013 through September 30, 2014<br><br>*E/PD*<br>• 50-64 years: **54.2%**<br>• 65+ years: **52.2%**<br><br>*DDD*<br>• 50-64 years: **45.8%**<br>• 65+ years: **46.0%**<br><br>**Discussion:**<br>The methodology for this measure changed during the evaluation period. In CYE 2011, the E/PD rate was measured as a combined rate. AHCCCS did not measure the influenza vaccination for DDD members in CYE 2011. There is no data currently available, except for the CYE 2014 baseline measurement. Hybrid Audit remains pending. The QI team is currently reviewing medical records to determine the performance for CYE 2016. |

| HYPOTHESES | PERFORMANCE MEASURE | TARGET POPULATION | SAMPLING METHODOLOGY | DATA SOURCE | MEASUREMENT PERIOD |
|---|---|---|---|---|---|
| **Inpatient stays will decrease** | **Inpatient Utilization**<br>Total general hospital/acute care inpatient days per 1,000 member months. | ALTCS EPD and DDD members | The National Committee for Quality Assurance (NCQA) Health Employer Data Information Set (HEDIS)® methodology, or the CMS Core Measure Set methodology if different, will be utilized for this measure. Behavioral health inpatient stays will be excluded in this calculation | • Claims<br>• Encounters<br>• Electronic Health Records | *Baseline measurement:*<br><br>CYE 2014: October 1, 2013 through September 30, 2014<br><br>• E/PD Inpatient Days per 1,000 Member Months: **185.4**<br>• DDD Inpatient Days per 1,000 Member Months: **46.6**<br><br>*Remeasurement period:*<br><br>CYE 2016: October 1, 2015 through September 30, 2016<br><br>• E/PD Inpatient Days per 1,000 Member Months: **205.8**<br>• DDD Inpatient Days per 1,000 Member Months: **48.2**<br><br>**Discussion:**<br>The E/PD Plan inpatient utilization rate has increased during the demonstration period. The total inpatient days per 1,000 member months has increased by 20.4% during CYE 2011-2016.<br><br>The DDD Plan inpatient utilization rate has slightly increased during the demonstration period. The total inpatient days per 1,000 member months has increased by 1.6% during CYE 2011-2016. |

| HYPOTHESES | PERFORMANCE MEASURE | TARGET POPULATION | SAMPLING METHODOLOGY | DATA SOURCE | MEASUREMENT PERIOD |
|---|---|---|---|---|---|
| **The rate of readmissions within 30 days will decrease** | **Readmissions within**<br><br>Readmissions within 30 days of an inpatient stay | ALTCS EPD and DDD members | The CMS Core Measure Set methodology will be utilized for this measure. | • Claims<br>• Encounters | *Baseline measurement:*<br><br>CYE 2014: October 1, 2013 through September 30, 2014<br><br>• E/PD Plan All-Cause Readmission:: **15.52%**<br><br>• DDD Plan All-Cause Readmission: **11.54%**<br><br>*Remeasurement period*:<br><br>CYE 2016: October 1, 2015 through September 30, 2016<br><br>• E/PD Plan All-Cause Readmission: **11.7%**<br><br>• DDD Plan All-Cause Readmission: **7.3%**<br><br>**Discussion:**<br>The E/PD Plan All-Cause Readmission rate has decreased by 3.8% during CYEs 2014 - 2016.<br><br>The DDD Plan All-Cause Readmission rate has decreased by 4.2% during CYEs 2014 – 2016. |

| HYPOTHESES | PERFORMANCE MEASURE | TARGET POPULATION | SAMPLING METHODOLOGY | DATA SOURCE | MEASUREMENT PERIOD |
|---|---|---|---|---|---|
| **Emergency Department (ED) utilization will decrease** | **Emergency Department Utilization**<br><br>ED visits per 1,000 member months | ALTCS E/PD and DDD members | ED visits per 1,000 ALTCS member months. A sampling methodology will not be used for this measure. | • Claims<br>• Encounters<br>• Medical Record Review<br>• Electronic Health Records | *Baseline measurement:*<br><br>CYE 2014: October 1, 2013 through September 30, 2014<br><br>• E/PD ED visits per 1,000: **63 visits per 1,000**<br>• DDD ED visits per 1,000: **41 visits per 1,000**<br><br>*Remeasurement period*:<br><br>CYE 2016: October 1, 2015 through September 30, 2016<br><br>• E/PD ED visits per 1,000: **71 visits per 1,000**<br>• DDD ED visits per 1,000: **43 visits per 1,000**<br><br>**Discussion:**<br>The ED visits for E/PD increased by 8 visits per 1,000 in CYE 2016 compared to the baseline measurement year.<br><br>The DDD ED visits increased by 2 visits per 1,000 in CYE 2015 compared to the baseline measurement year. |

| HYPOTHESES | PERFORMANCE MEASURE | TARGET POPULATION | SAMPLING METHODOLOGY | DATA SOURCE | MEASUREMENT PERIOD |
|---|---|---|---|---|---|
| **The number of providers participating in the AHCCCS program will not be adversely affected due to rate cuts** | **<u>Providers Requesting Termination due to Rates</u>**<br><br>Percentage of AHCCCS providers that terminate their participation with AHCCCS due to rate related reason<br><br>Note: Same results as reported in the Acute section as providers serve more than one line of business/AHCCCS Program (i.e. Acute, ALTCS, etc.) | Providers registered to provide services to AHCCCS members. | This measure will be calculated using the numbers of providers enrolled with AHCCCS on the contract year begin date versus the number of providers that terminated their participation with AHCCCS during the contract year due to rate related reasons. | • Contractor dashboards | *Baseline measurement:*<br><br>CYE 2011: October 1, 2010 through September 30, 2011<br><br>Rate: **0.142%**<br><br>***Remeasure annually:***<br><br>*CYE 2012*<br>Rate: **0.523%**<br><br>*CYE 2013*<br>Rate: **0.069%**<br><br>*CYE 2014*<br>Rate: **0.804%**<br><br>*CYE 2015*<br>Rate: **0.085%**<br><br>**Discussion:**<br>Provider participation in the AHCCCS program was not adversely affected by rate cuts. During the evaluation period, less than 1% of AHCCCS providers terminated participation with AHCCCS due to rate related reasons within each contract year. |
| **Member satisfaction survey results will indicate a high degree of satisfaction with quality of life indicators** | **<u>Member satisfaction</u>**<br>Percentage of ALTCS members (ALTCS E/PD, DDD and ALTCS Contractors combined) that respond with above average ratings for the following:<br>• Satisfaction with | Members enrolled with an ALTCS Contractor. | Random selection of enrolled ALTCS members from each ALTCS Contractor. Survey data will be collected using an independent survey research firm. | Member Survey<br><br>Sampling will occur utilizing the HEDIS methodology technical specifications. | *Baseline Measurement Period: Round 1 of the Experience of Care Survey*<br><br>9/3/2014 – 01/30/2015<br><br>• Satisfaction with health care: |

| HYPOTHESES | PERFORMANCE MEASURE | TARGET POPULATION | SAMPLING METHODOLOGY | DATA SOURCE | MEASUREMENT PERIOD |
|---|---|---|---|---|---|

Contractor/Health Plan

- Satisfaction with health care
- Satisfaction with Case Manager
- Satisfaction with Primary Care Provider
- Satisfaction with specialty physician
- How well doctors communicate
- Access to services, supports and care needed
- Getting care quickly
- Degree to which the member feels that s/he has control over his/her own care (only members using Self-Directed Attendant Care - E/PD members only, or Agency with Choice – E/PD and DDD members)

| Composite Measure | DD | | EPD | | Programs Combined | |
|---|---|---|---|---|---|---|
| | Score | n | Score | n | Score | n |
| Getting Needed Services From Staff | 92.4 | 46 | 95.5 | 117 | 93.9 | 16 |
| How Well Staff Communicate and Treat You | 90.1 | 43 | 92.9 | 120 | 91.5 | 16 |
| Case Management | ▼85.0 | 44 | ▲98.2 | 111 | 91.6 | 15 |
| Choosing Your Services | 85.2 | 47 | 90.3 | 117 | 87.7 | 16 |
| Transportation | 91.1 | 47 | 85.7 | 120 | 88.4 | 16 |
| Personal Safety | 98.2 | 49 | 99.2 | 122 | 98.7 | 17 |
| Community Inclusion and Empowerment | 80.1 | 49 | 80.8 | 122 | 80.5 | 17 |

▲ This program's score is **above** the average score for all HCBS programs (statistically significant at tl p≤0.05 level).

▼ This program's score is **below** the average score for all HCBS programs (statistically significant at tl p≤0.05 level).

- Satisfaction with Case Manager:

| Question | DD | | EPD | | Programs Combined | |
|---|---|---|---|---|---|---|
| | Score | n | Score | n | Score | n |
| **Your Case Manager** | ▼85.0 | 44 | ▲98.2 | 111 | 91.6 | 155 |
| 37. Able to contact this case manager when needed | 96.9 | 44 | 95.5 | 111 | 96.2 | 155 |
| 39. Case manager helped when asked for help with getting or fixing equipment | ☼ | ☼ | ☼ | ☼ | ☼ | ☼ |
| 41. Case manager helped when asked for help with getting other changes to services | ▼73.14 | 27 | 100.0 | 45 | 87.0 | 72 |

▲ This program's score is **above** the average score for all HCBS programs (statistically significant at the p≤0.05 level).

▼ This program's score is **below** the average score for all HCBS programs (statistically significant at the p≤0.05 level).

☼ Scores were unable to be produced for this question due to low sample size or low variation in respons

- Access to services, supports and care needed:

| HYPOTHESES | PERFORMANCE MEASURE | TARGET POPULATION | SAMPLING METHODOLOGY | DATA SOURCE | MEASUREMENT PERIOD |
|---|---|---|---|---|---|

| Question | DD | | EPD | | Programs Combined | |
|---|---|---|---|---|---|---|
| | Score | *n* | Score | *n* | Score | *n* |
| **Getting Needed Services From Staff** | 92.4 | 46 | 95.5 | 117 | 93.9 | 163 |
| 1. Staff come to work on time | 85.4 | 46 | 94.5 | 112 | 89.9 | 158 |
| 2. Staff work as long as they are supposed to | 95.4 | 43 | 97.1 | 113 | 96.3 | 156 |
| 3. Someone tells you if staff cannot come | 91.2 | 43 | 94.6 | 111 | 92.9 | 154 |
| 7. Staff make sure you have enough privacy for dressing, showering, bathing | ▲100.0 | 31 | ▼97.1 | 97 | 98.8 | 128 |
| 25. Homemakers come to work on time | 84.3 | 17 | 93.4 | 93 | 88.8 | 110 |
| 26. Homemakers work as long as they are supposed to | 97.5 | 17 | 96.0 | 92 | 96.8 | 109 |

▲ This program's score is **above** the average score for all HCBS programs (statistically significant at t p≤0.05 level).

▼ This program's score is **below** the average score for all HCBS programs (statistically significant at t p≤0.05 level).

- Degree to which the member feels that s/he has control over his/her own care: (only members using Self-Directed Attendant Care or Agency with Choice)

| Question | DD | | EPD | | Programs Combined | |
|---|---|---|---|---|---|---|
| | Score | *n* | Score | *n* | Score | *n* |
| **Choosing Your Services** | 85.2 | 47 | 90.3 | 117 | 87.7 | 164 |
| 45. Person-centered service plan included all of the things that are important | 76.7 | 47 | 81.8 | 114 | 79.2 | 164 |
| 46. Case manager knows what's on the service plan, including the things that are important | 93.7 | 46 | 98.7 | 110 | 96.2 | 156 |

▲ This program's score is **above** the average score for all HCBS programs (statistically significant at p≤0.05 level).

▼ This program's score is **below** the average score for all HCBS programs (statistically significant at p≤0.05 level).

| HYPOTHESES | PERFORMANCE MEASURE | TARGET POPULATION | SAMPLING METHODOLOGY | DATA SOURCE | MEASUREMENT PERIOD |
|---|---|---|---|---|---|
| | | | | | • Satisfaction with Contractor/Health Plan:<br>This is not a field within in the Experience of Care (HCBS CAHPS survey)<br><br>• Satisfaction with Primary Care Provider:<br>This is not a field within in the Experience of Care (HCBS CAHPS survey)<br><br>• Satisfaction with specialty physician:.<br>This is not a field within in the Experience of Care (HCBS CAHPS survey)<br><br>• How well doctors communicate:<br>This is not a field within in the Experience of Care (HCBS CAHPS survey)<br><br>• Getting care quickly:<br>This is not a field within in the Experience of Care (HCBS CAHPS survey)<br><br>*Remeasurement Period:* **7/1/2017 – 12/30/2017**<br><br>The remeasurement survey will be completed by the end of May, 2018 with a final report completed on August 10, 2018.<br><br>**Discussion:**<br>AHCCCS was awarded the Demonstration Grant for Testing Experience & Functional Tools (TEFT) by the Centers for Medicaid and Medicare Services (CMS) on April 1st, 2014. The purpose of the TEFT grant is to support States in furthering adult quality measurement activities under section 2701 of the Patient Protection and Affordable Care Act. The TEFT grant advances the development of two national, rigorously tested tools that can be used across all beneficiaries using Community-Based Long Term Services and Supports (CB-LTSS), an area in need of national measures. |

| HYPOTHESES | PERFORMANCE MEASURE | TARGET POPULATION | SAMPLING METHODOLOGY | DATA SOURCE | MEASUREMENT PERIOD |
|---|---|---|---|---|---|
| | | | | | Round 1 of the Experience of Care Survey (now known as the HCBS CAHPs Survey) focused on the ALTCS population so we do not have results by Contractor. Round 2 will be completed by the end of May, 2018 with a final report completed on August 10, 2018. |
| **The number of ALTCS members that reside in a home and community based setting will increase** | **<u>HCBS Placement</u>**<br><br>The percentage of ALTCS members (E/PD and DDD combined) residing in a home and community based setting. | Members enrolled in the ALTCS program (excluding tribal members enrolled in the ALTCS Fee-for-Service Program). | This measure will be calculated using member placement and ALTCS enrollment data. A sampling methodology will not be utilized | PMMIS<br>ACE | *Baseline measurement period*:<br><br>CYE 2012: October 1, 2011 through September 30, 2012<br><br>EPD: **72%**<br>DDD: **72%**<br><br>*Remeasurement period:*<br><br>CYE 2016: October 1, 2015 through September 30, 2016<br><br>EPD: **86%**<br>DDD: **86%**<br><br>**Discussion:**<br>The priority of the ALTCS program is to ensure that members are living in the most integrated setting that meets their needs and actively engaged and participating in community life. During the evaluation period, the program continued to achieve remarkable success in increasing member placement in home and community based settings (HCBS). As of CYE 2016, 86% of ALTCS members resided in a HCBS compared to 72% in CYE 2012. |

| HYPOTHESES | PERFORMANCE MEASURE | TARGET POPULATION | SAMPLING METHODOLOGY | DATA SOURCE | MEASUREMENT PERIOD |
|---|---|---|---|---|---|
| **The percent of ALTCS members receiving services from workers that have passed a direct care workers fundamentals test will increase** | **Direct Care Worker Training and Testing**<br><br>The percent of direct care workers providing services to ALTCS members that have passed the direct care worker fundamentals test. | ALTCS Contractor HCB providers. | The percentage of direct care workers identified in the database as having passed the fundamentals test. A sampling methodology will not be utilized for this measure. | DCW Database | **Discussion:**<br>Please see page 46 for information regarding direct care workers training and testing. |
| **The percent of ALTCS members utilizing Self-Directed Attendant Care or Agency with Choice will increase** | **Directed Care Option Utilization**<br><br>Percentage of ALTCS members utilizing either Self-Directed Attendant Care (E/PD) or Agency with Choice (E/PD and DDD) | ALTCS-enrolled members who are residing in their own home. | The number/percent of ALTCS members residing in their own home and choosing Self Directed Attendant Care or Agency with Choice. A sampling methodology will not be utilized | PMMIS<br>ACE | *Baseline measurement period:*<br><br>CYE 2013: October 1, 2012 through September 30, 2013<br><br>Number of members: **2,268**<br><br>*Remeasurement period*:<br><br>CYE 2015: October 1, 2014 through September 30, 2015<br><br>Number of members: **4,000**<br><br>**Discussion:**<br>The Agency with Choice and Self Directed Attendant Care are important programs that empower members to have more control over their lives, leading to increased satisfaction and improved quality of life. During the waiver evaluation period, utilization of directed care option has increased by 43%. In CYE 2015, 4,000 members received direct care services compared to 2,268 in CYE 2013. |

| HYPOTHESES | PERFORMANCE MEASURE | TARGET POPULATION | SAMPLING METHODOLOGY | DATA SOURCE | MEASUREMENT PERIOD |
|---|---|---|---|---|---|
| **The AHCCCS program will operate within predicted budgetary expectations** | **<u>Program Costs</u>**<br><br>Average annual statewide ALTCS-E/PD Contractor capitation rates with HCBS percentage built into the capitation rates compared to capitation rates with HCBS percentage fixed at level when HCBS reconciliation/incentive was implemented (i.e. 40.2%, 1998) (Fix-Mix Model). | Members enrolled in the ALTCS – E/PD program, excluding those enrolled with Tribal Contractors. | In analyzing this measure AHCCCS will use the average annual capitation rates paid to ALTCS/EPD Contractors. A sampling methodology will not be utilized. | Encounters | *Measurement period:*<br>*CYE 2012:*<br>• *EPD capitation rate at capitation mix:* **71.55%**<br>• *EPD capitation rate at fix mix:* **$3,833.08**<br>*CYE 2013:*<br>• *EPD capitation rate at capitation mix:* **73.15%**<br>• *EPD capitation rate at fix mix:* **$3,917**<br>*CYE 2014:*<br>• *EPD capitation rate at capitation mix:***73.08%**<br>• *EPD capitation rate at fix mix***: $4,086**<br>*CYE 2015:*<br>• *EPD capitation rate at capitation mix:* **73.41%**<br>• *EPD capitation rate at fix mix:* **$4,237** |

## Direct Care Worker Training and Testing

The data in the database is representative of DCWs and testing records as of 10/01/12 when the requirements went into effect. The data reflects individuals who are currently employed and individuals who are no longer employed as a DCW. There are some limitations pertaining to duplication and are noted accordingly in the table below.

| | Description | Number | Note |
|---|---|---|---|
| **1** | The number of DCWs noted in the system | 37,371 | The training programs have until the end of the month to update all of the testing records. So the numbers reported below is an underrepresentation of the number of DCWs who have passed the tests. |
| **2** | The number of DCWs who passed the Level 1 Fundamentals Module | 20,605 | All DCWs must, at a minimum, pass the Fundamentals Test. |
| **3** | The number of DCWs who passed the Level 1 Fundamentals Module and designated as a family member in the system | 3,218 | DCWs serving family members only are exempt from passing either one of the Level 2 modules. |
| **4** | The number of DCWs who passed both the Level 1 Fundamentals Module and the Level 2 Developmental Disabilities Module | 4,549 | DCWs must pass the Level 2 module(s) that correspond to the population(s) they serve. *There is a limited amount of duplication of testing records as a result of the way that the testing data is structure. For example if the DCW took the Level 2 DD and Level 2 APD modules on different day, the DCW is noted in both lines 4 & 5 and not in line 6.* |
| **5** | The number of DCWs who passed both the Level 1 Fundamentals Module and the Level 2 Aging and Physical Disabilities Module | 5,474 | |
| **6** | The number of DCWs who passed both the Level 1 Fundamentals Module, Level 2 Developmental Disabilities Module and Level 2 Aging and Physical Disabilities Module | 3,417 | |

## Demonstration Focus Area: Special Plans for Individuals with Special Needs

**Hypotheses:**

- *Quality of care for AHCCCS acute care program members enrolled in Special Plans for Individuals with Special Needs will improve over the waiver demonstration period as it relates to receipt of covered services:*
  - Immunization rates will increase for children enrolled in the CMDP program
  - EPSDT participation rates will increase for children enrolled in the CMDP program
  - Annual dental visit rates will increase for children enrolled in the CMDP program
  - The rate at which children 3, 4, 5 and 6 years of age receive at least one well child visit will increase for children enrolled in the CMDP program
  - The rate of members ages 12 through 18 years of age who had at least one well-care visit will increase for children enrolled in the CMDP program
  - Children's access to PCPs will increase for children enrolled in the CMDP program

- *Access to medical care for AHCCCS acute care program members enrolled in Special Plans for Individuals with Special Needs will improve over the waiver demonstration period as demonstrated by:*
  - A reduction in readmissions within 30 days of discharge from a behavioral health inpatient stay
  - Emergency department (ED) utilization for the primary reason of a behavioral health condition will decrease

- *The AHCCCS program Special Plans for Individuals with Special Needs will continue to operate as a cost effective service delivery model*
  - The AHCCCS program will operate within predicted budgetary expectations for the CMDP program
  - The AHCCCS program will operate within predicted budgetary expectations for the Behavioral Health program
  - The AHCCCS program will operate within predicted budgetary expectations for the Children's Rehabilitative Services program

| HYPOTHESES | PERFORMANCE MEASURE | TARGET POPULATION | SAMPLING METHODOLOGY | DATA SOURCE | MEASUREMENT PERIOD |
|---|---|---|---|---|---|
| **Immunization rates will increase** | **<u>Childhood Immunizations</u>**:<br><br>Percentage of children, two years of age who had:<br>• 4:3:1:3:3:1 combo series:<br>• 4:3:1:3:3:1:4 combo series:<br>• DTaP – 4 doses:<br>• IPV – 3 doses:<br>• MMR – 1 dose:<br>• Hib – 3 doses:<br>• HBV – 3 doses:<br>• VZV – 1 dose:<br>• PCV – 4 doses: | Children at two years of age continuously enrolled in CMDP. | The National Committee for Quality Assurance (NCQA) Health Employer Data Information Set (HEDIS)® methodology, or the CMS Core Measure Set methodology if different, including the sampling methodology will be utilized for this measure. | • Claims<br>• Encounters<br>• Medical Record Review<br>• ASIIS Immunization Registry<br>• Electronic Health Records | *Baseline measurement period:*<br><br>CYE 2011: October 1, 2010 through September 30, 2011<br><br>• 4:3:1:3:3:1 combo series: **85.1%**<br>• 4:3:1:3:3:1:4 combo series: **77.3%**<br>• DTaP – 4 doses: **85.1%**<br>• IPV – 3 doses: **95.5%**<br>• MMR – 1 dose: **95.2%**<br>• Hib – 3 doses: **94.4%**<br>• HBV – 3 doses: **95.2%**<br>• VZV – 1 dose: **95.2%**<br>• PCV – 4 doses: **85.1%**<br><br>*Remeasurement period*:<br><br>CYE 2015, October 1, 2014 through September 30, 2015<br><br>• Combo 2: **78.1%**<br>• Combo 3: **68.8%**<br>• DTaP – 4 doses: **82.4%**<br>• IPV – 3 doses: **95.1%**<br>• MMR – 1 dose: **98.0%**<br>• Hib – 3 doses: **94.5%**<br>• HBV – 3 doses: **93.1%**<br>• VZV – 1 dose: **97.4%**<br>• PCV – 4 doses: **77.7%**<br><br>**Discussion:**<br>During the demonstration period, the percentage of children, two years of age who had MMR, HiB and VZV increased by 2.8%, 0.1% and 2.2% respectively. Immunization rates for the combination series —4:3:1:3:3:1 combo series (Combo 2) and 4:3::1:3:3:1:4 combo series (Combo 3)—decreased by 7% and 8.5%. The |

| HYPOTHESES | PERFORMANCE MEASURE | TARGET POPULATION | SAMPLING METHODOLOGY | DATA SOURCE | MEASUREMENT PERIOD |
|---|---|---|---|---|---|
| | | | | | immunization rates for the following individual antigens also declined—DTaP 2.7%, IPV 0.4%, HBV 2.1%, and PCV 7.4%.<br><br>For the Medicaid population, there are ninety-nine reported rates that allow for calculation of statistical significance when looking at individual immunizations by Contractor. One Contractor met the MPS for all measure evaluation as part of this study; yet, decreases were experienced in the aggregate for all immunizations. At the Contractor level, it is important to note that forty of the ninety-nine reported rates met the established MPS. A combination of statistically significant decreases by four Contractors, non-significant decreases by two Contractors, and a more stringent validation process to confirm adherence with CMS Core Set of Children's Health Care Quality Measures for Medicaid and CHIP (Child Core Set) Technical Specifications and Resource Manual11, contributed to a statistically significant decrease for each of the immunizations statewide. |

| HYPOTHESES | PERFORMANCE MEASURE | TARGET POPULATION | SAMPLING METHODOLOGY | DATA SOURCE | MEASUREMENT PERIOD |
|---|---|---|---|---|---|
| **EPSDT participation rates will increase** | **EPSDT Participation**<br><br>Percentage of members, through age 20 years, who received at least one initial or periodic EPSDT screen during the measurement period. | Members, through 18 years of age, enrolled in CMDP. | Per CMS specification (e.g., Report-416) | • Claims<br>• Encounters<br>• Medical Record Review<br>• Electronic Health Records | *Baseline measurement period:*<br><br>CYE 2011: October 1, 2010 through September 30, 2011<br><br>Rate: **97.8%**<br><br>*Remeasurement period:*<br><br>CYE 2016: October 1, 2015 through September 30, 2016<br><br>CMDP Rate: **76.8%**<br><br>**Discussion:**<br>EPSDT participation rate for CMDP members decreased by 20% in CYEs 2011-2016. The decline is largely attributed to a change in methodology as well as historical programming limitations that were discovered in 2012. The Quality and Information Services teams worked very closely together to ensure that the methodology was programmed correctly and that data was accurate, reliable, and valid from the point of improvement. With that said, this population is still well above the Minimum Performance Standard of 68%. |

| HYPOTHESES | PERFORMANCE MEASURE | TARGET POPULATION | SAMPLING METHODOLOGY | DATA SOURCE | MEASUREMENT PERIOD |
|---|---|---|---|---|---|
| **Annual dental visit rates will increase** | **Annual Dental Visits**<br><br>Percentage of members, ages 2 through 20 years who had at least one dental visit during the measurement period. | Members, ages 2 through 18 years, continuously enrolled in CMDP. | The National Committee for Quality Assurance (NCQA) Health Employer Data Information Set (HEDIS)® methodology, or the CMS Core Measure Set methodology if different, including the sampling methodology will be utilized for this measure. | • Claims<br>• Encounters<br>• Medical Record Review<br>• Electronic Health Records | *Baseline measurement period:*<br><br>CYE 2011: October 1, 2010 through September 30, 2011<br><br>Rate: **80.3%**<br><br>*Remeasurement period:*<br><br>CYE 2016: October 1, 2015 through September 30, 2016<br><br>CMDP Rate: **67.9%**<br><br>**Discussion:**<br>Annual Dental Visits for CMDP members has decreased by 12.4% in CYE 2016 compared to the baseline measurement year. The CYE 2016 Acute Aggregate Rate of 58.6% is provided as a comparison. |

| HYPOTHESES | PERFORMANCE MEASURE | TARGET POPULATION | SAMPLING METHODOLOGY | DATA SOURCE | MEASUREMENT PERIOD |
|---|---|---|---|---|---|
| **The rate at which children 3, 4, 5 and 6 years of age receive at least one well child visit will increase** | **Well-Child Visits**<br><br>Percentage of children 3, 4, 5, or 6 years who had at least one well child visit during the measurement period. | Members, ages 3 through 6 years, continuously enrolled in CMDP. | The National Committee for Quality Assurance (NCQA) Health Employer Data Information Set (HEDIS)® methodology, or the CMS Core Measure Set methodology if different, including the sampling methodology will be utilized for this measure. | • Claims<br>• Encounters<br>• Medical Record Reviews<br>• Electronic Health Records | Baseline measurement period:<br><br>CYE 2011: October 1, 2010 through September 30, 2011<br><br>Rate: **64.8%**<br><br>Remeasurement period:<br><br>CYE 2016: October 1, 2015 through September 30, 2016<br><br>CMDP Rate: **70.7%**<br><br>**Discussion:**<br>Well-child visits for CMDP members age 3-6 years increased by 5.9% during CYEs 2011-2016. This has been an important area of focus for the delivery system and the concentrated efforts have led to an overall increase for this measure. The CYE 2016 Acute Aggregate Rate of 61% is provided as a comparison. |

| HYPOTHESES | PERFORMANCE MEASURE | TARGET POPULATION | SAMPLING METHODOLOGY | DATA SOURCE | MEASUREMENT PERIOD |
|---|---|---|---|---|---|
| **The rate of members ages 12 through 18 years of age who had at least one well-care visit will increase** | **<u>Adolescent Well Care Visits</u>**<br><br>Percentage of members, ages 12 through 18 years who had at least one well-care visit during the measurement period. | Members, ages 12 through 18 years, continuously enrolled in CMDP. | The National Committee for Quality Assurance (NCQA) Health Employer Data Information Set (HEDIS)® methodology, or the CMS Core Measure Set methodology if different, including the sampling methodology will be utilized for this measure. | • Claims<br>• Encounters<br>• Medical Record Reviews<br>• Electronic Health Records | *Baseline measurement period:*<br><br>CYE 2011: October 1, 2010 through September 30, 2011<br><br>Rate: 64.0%<br><br>*Remeasurement period:*<br><br>CYE 2016: October 1, 2015 through September 30, 2016<br><br>CMDP Rate: **68.3%**<br><br>**Discussion:**<br>Adolescent Well Care Visits for CMDP members had an increase of 4.3% compared to the baseline measurement year. The CYE 2016 Acute Aggregate Rate of 39.2% is provided as a comparison. |

| HYPOTHESES | PERFORMANCE MEASURE | TARGET POPULATION | SAMPLING METHODOLOGY | DATA SOURCE | MEASUREMENT PERIOD |
|---|---|---|---|---|---|
| **Children's access to PCPs will increase** | **<u>Children's Access to PCPs</u>**<br><br>Percentage of children/ adolescents who had an annual visit with a PCP at:<br>▪ 12 - 24 months<br>▪ 25 months – 6 years<br>▪ 7 – 11 years<br>▪ 12 – 19 years | Members, 12 months to 19 years, continuously enrolled in CMDP. | The National Committee for Quality Assurance (NCQA) Health Employer Data Information Set (HEDIS)® methodology, or the CMS Core Measure Set methodology if different, including the sampling methodology will be utilized for this measure. | • Claims<br>• Encounters<br>• Medical Record Reviews<br>• Electronic Health Records | *Baseline measurement period:*<br><br>CYE 2011: October 1, 2010 through September 30, 2011<br><br>▪ 12 - 24 months: 96.5%<br>▪ 25 months – 6 years: 91.3%<br>▪ 7 – 11 years: 94.4%<br>▪ 12 – 19 years: 96%<br>▪ ***Total: 93.6%***<br><br>*Remeasurement period:*<br><br>CYE 2016: October 1, 2015 through September 30, 2016<br><br>CMDP Rate:<br>▪ 12 - 24 months: **98.3%**<br>▪ 25 months – 6 years: **93.2%**<br>▪ 7 – 11 years: **96.0%**<br>▪ 12 – 19 years: **95.9%**<br>▪ **Total: 95.0%**<br><br>**Discussion:**<br>In CYEs 2011-2016, Children's access to PCPs improved by 1.4%. Acute Aggregate Rate of 88.2% is provided as a comparison. |

| HYPOTHESES | PERFORMANCE MEASURE | TARGET POPULATION | SAMPLING METHODOLOGY | DATA SOURCE | MEASUREMENT PERIOD |
|---|---|---|---|---|---|
| **The AHCCCS program will operate within predicted budgetary expectations** | **<u>Program Costs:</u>**<br><br>Average annual AHCCCS capitation rate changes compared to budgetary expectations | Members enrolled in:<br>• CMDP<br>• CRS<br>• BHS | In analyzing this measure AHCCCS will use the average annual capitation rates paid to all programs. A sampling methodology will not be applied to this measure | | *Measurement Period*<br><br>CYE 2012:<br>• AHCCCS rate change**: -0.41%**<br>• Budgetary expectation: **5.3%**<br>CYE 2013:<br>• AHCCCS rate change: **-1.95%**<br>• Budgetary expectation: **5.3%**<br>CYE 2014:<br>• AHCCCS rate change: **7.97%**<br>• Budgetary expectation: **5.3%**<br>CYE 2015:<br>• AHCCCS rate change**:-1.89%**<br>• Budgetary expectation: **5.3%** |

## Demonstration Focus Area: CHIP (KidsCare) Demonstration

# Hypothesis:

- *Quality of care for members enrolled in AHCCCS KidsCare program will improve over the waiver demonstration period as it relates to:*
  - *Receipt of covered services;*
    - Childhood immunization rates will increase.
    - Adolescent immunization rates will increase.
    - EPSDT participation rates will increase.
    - Annual dental visit rates will increase.
    - Well child visits during the first 15 months of life will increase
    - Well child visits for 3, 4, 5 and 6 year olds who have at least one visit will increase
    - Adolescent well care visits will increase
    - Children's access to PCPs will increase

- *Member satisfaction in the KidsCare program will improve over the waiver demonstration period*

- *Access to medical care for KidsCare members enrolled in both rural- and urban-based acute plans will improve over the waiver demonstration period as demonstrated by:*
  - A reduction in readmissions
  - A reduction in inpatient stays
  - Emergency department (ED) utilization will decrease

| HYPOTHESES | PERFORMANCE MEASURE | TARGET POPULATION | SAMPLING METHODOLOGY | DATA SOURCE | MEASUREMENT PERIOD |
|---|---|---|---|---|---|
| **Childhood immunization rates will increase** | **<u>Childhood Immunizations</u>**<br><br>Percentage of children, two years of age who had:<br>• 4:3:1:3:3:1 combo series:<br>• 4:3: 1:3:3:1:4 combo series:<br>• DTaP – 4 doses:<br>• IPV – 3 doses:<br>• MMR – 1 dose:<br>• Hib – 3 doses:<br>• HBV – 3 doses:<br>• VZV – 1 dose:<br>• PCV – 4 doses: | KidsCare members who turn two years of age and are continuously enrolled in an AHCCCS acute health plan. | The National Committee for Quality Assurance (NCQA) Health Employer Data Information Set (HEDIS)® methodology, or the CMS Core Measure Set methodology if different, including the sampling methodology will be utilized for this measure. | • Claims<br>• Encounters<br>• Medical Record Reviews<br>• ASIIS Immunization Registry<br>• Electronic Health Records | *Baseline measurement period:*<br><br>CYE 2011:October 1, 2010 through September 30, 2011<br><br>• 4:3:1:3:3:1 combo series: 91.2%<br>• 4:3:1:3:3:1:4 combo series: 89.7%<br>• DTaP – 4 doses: 90.6%<br>• IPV – 3 doses: 96.7%<br>• MMR – 1 dozen 96.7%<br>• Hib – 3 doses: 96.7%<br>• HBV – 3 doses: 90.6%<br>• VZV – 1 dose: 96.3%<br>• PCV – 4 doses: 95.2%<br><br>*Remeasurement period*:<br><br>CYE 2014: October 1,2013 through September 30, 2014<br>• 4:3:1:3:3:1 combo series:N/A<br>• 4:3:1:3:3:1:4 combo series: N/A<br>• DtaP – 4 doses: N/A<br>• IPV – 3 doses: N/A<br>• MMR – 1 dose: N/A<br>• Hib – 3 doses: N/A<br>• HBV – 3 doses: N/A<br>• VZV – 1 dose: N/A<br>• PCV – 4 doses: N/A<br><br>**Discussion:**<br>The population size for KidsCare was too small in CYE 14. Therefore, re-measurement was not conducted for this immunization in CYE 16. |

| HYPOTHESES | PERFORMANCE MEASURE | TARGET POPULATION | SAMPLING METHODOLOGY | DATA SOURCE | MEASUREMENT PERIOD |
|---|---|---|---|---|---|
| **Adolescent immunizations will increase** | **<u>Adolescent Immunizations</u>**<br><br>Percentage of adolescents that are13 years of age during the measurement period who had:<br><br>• MCV – 1 dose<br>• Tdap/Td – 1 dose<br>• Combo – 1 MCV and1 Tdap/Td | KidsCare members | The National Committee for Quality Assurance (NCQA) Health Employer Data Information Set (HEDIS)® methodology, or the CMS Core Measure Set methodology if different, including the sampling methodology will be utilized for this measure. | • Claims<br>• Encounters<br>• Medical Record Reviews<br>• ASIIS Immunization Registry<br>• Electronic Health Records | *Baseline measurement period:*<br><br>CYE 2011: October 1, 2010 through September 30, 2011<br><br>MCV – 1 dose: **86.3%**<br>Tdap/Td – 1 dose: **90.0%**<br>Combo – 1 MCV and 1 Tdap/Td: **84.6%**<br><br>*Re-measurement period:*<br><br>CYE 2012: October 1, 2011 through September 30, 2012<br><br>MCV – 1 dose: N/A<br>Tdap/Td – 1 dose: N/A<br>Combo – 1 MCV and 1 Tdap/Td: N/A<br><br>**Discussion:**<br>The population size for KidsCare was too small in CYE 16. Therefore, re-measurement was not conducted for this immunization in CYE 16. |

| HYPOTHESES | PERFORMANCE MEASURE | TARGET POPULATION | SAMPLING METHODOLOGY | DATA SOURCE | MEASUREMENT PERIOD |
|---|---|---|---|---|---|
| **EPSDT participation rates will increase** | **EPSDT Participation**<br><br>Percentage of members, through age 18 years, who received at least one initial or periodic EPSDT screen during the measurement period. | KidsCare members, through age 18 years, enrolled in an AHCCCS acute health plan. | Per CMS specification (e.g., Report-416) | • Claims<br>• Encounters | *Baseline measurement period:*<br><br>CYE 2011: October 1, 2010 through September 30, 2011<br><br>Rate: **63.9%**<br><br>*Re-measurement period:*<br><br>CYE 2012: October 1, 2011 through September 30, 2012<br><br>Rate: **75.3%**<br><br>**Discussion:**<br>The EPSDT participation rate improved for children enrolled in KidsCare during CYEs 2011-2012. |
| **Annual dental visit rates will increase** | **Annual Dental Visits**<br><br>Percentage of members, ages 2 through 18 years who had at least one dental visit during the measurement period. | KidsCare members, ages 2 through 18 years, continuously enrolled in an AHCCCS acute health plan. | The National Committee for Quality Assurance (NCQA) Health Employer Data Information Set (HEDIS)® methodology, or the CMS Core Measure Set methodology if different, including the sampling methodology will be utilized for this measure. | • Claims<br>• Encounters<br>• Medical Record Reviews<br>• ASIIS Immunization Registry<br>• Electronic Health Records | *Baseline measurement period:*<br><br>CYE 2011: October 1, 2010 through September 30, 2011<br><br>Rate: **78.1%**<br><br>*Re-measurement period:*<br><br>CYE 2012: October 1, 2011 through September 30, 2012<br><br>Rate: **77.9%**<br><br>**Discussion:**<br>The annual dental rates for KidsCare have slightly declined during CYEs 2011-2012 measurement period. |

| HYPOTHESES | PERFORMANCE MEASURE | TARGET POPULATION | SAMPLING METHODOLOGY | DATA SOURCE | MEASUREMENT PERIOD |
|---|---|---|---|---|---|
| **The rate at which children receive six or more well child visits during the first 15 months of life will increase** | **Well-Child Visits**<br><br>Percentage of children15 months who had six or more well child visits during first 15 months of life | KidsCare members, ages 15 months continuously enrolled in an AHCCCS acute health plan. | The National Committee for Quality Assurance (NCQA) Health Employer Data Information Set (HEDIS)® methodology, or the CMS Core Measure Set methodology if different, including the sampling methodology will be utilized for this measure. | • Claims<br>• Encounters<br>• Medical Record Reviews<br>• Electronic Health Records | *Baseline measurement period:*<br><br>CYE 2011: October 1, 2010 through September 30, 2011<br><br>Rate: **66.7%**<br><br>*Re-measurement period:*<br><br>CYE 2012: October 1, 2011 through September 30, 2012<br><br>Rate: N/A<br><br>**Discussion:**<br>There were no KidsCare members that met the minimum inclusion for this measure in CYE 2012. |
| **The rate at which children, 3, 4, 5 and 6 years of age who had at least one well child visit will increase** | **Well-Child Visits**<br><br>Percentage of children 3, 4, 5, or 6 years of age who had at least one well child visit during the measurement period. | KidsCare members 3 through 6 years of age continuously enrolled in an AHCCCS acute health plan. | The National Committee for Quality Assurance (NCQA) Health Employer Data Information Set (HEDIS)® methodology, or the CMS Core Measure Set methodology if different, including the sampling methodology will be utilized for this measure. | • Claims<br>• Encounters<br>• Medical Record Reviews<br>• Electronic Health Records | *Baseline measurement period:*<br><br>CYE 2011: October 1, 2010 through September 30, 2011<br><br>Rate: **72.7%**<br><br>*Re-measurement period:*<br><br>CYE 2012: October 1, 2011 through September 30, 2012<br><br>Rate: **76.6%**<br><br>**Discussion:**<br>Well Child Visits for KidsCare increased by 4 percent from CYE 2011- 2012. |

| HYPOTHESES | PERFORMANCE MEASURE | TARGET POPULATION | SAMPLING METHODOLOGY | DATA SOURCE | MEASUREMENT PERIOD |
|---|---|---|---|---|---|
| **The rate at which adolescents ages 12 through 18 years receive one well visit will increase** | **<u>Adolescent Well Care Visits</u>**<br><br>Percentage of members, ages 12 through 18 years who had at least one well-care visit during the measurement period. | KidsCare members ages 12 through 18 years, continuously enrolled in an AHCCCS acute health plan. | The National Committee for Quality Assurance (NCQA) Health Employer Data Information Set (HEDIS)® methodology, or the CMS Core Measure Set methodology if different, including the sampling methodology will be utilized for this measure. | • Claims<br>• Encounters<br>• Medical Record Reviews<br>• Electronic Health Records | *Baseline measurement period:*<br><br>CYE 2011: October 1, 2010 through September 30, 2011<br><br>Rate: **50.6%**<br><br>*Re-measurement period:*<br><br>CYE 2012: October 1, 2011 through September 30, 2012<br><br>Rate: **55.1%**<br><br>**Discussion:**<br>The rate of KidsCare members, ages 12 through 18 years who had at least one well-care visit during the measurement period increased by 5 percent during CYE 2011-2012. |

| HYPOTHESES | PERFORMANCE MEASURE | TARGET POPULATION | SAMPLING METHODOLOGY | DATA SOURCE | MEASUREMENT PERIOD |
|---|---|---|---|---|---|
| **Children's access to PCPs will increase** | **Children's Access to PCPs**<br><br>Percentage of children/adolescents who had an annual visit with a PCP at:<br>• 12 - 24 months<br>• 25 months – 6 years<br>• 7 – 11 years<br>• 12 – 18 years | KidsCare members, 12 months to 18 years, continuously enrolled in an AHCCCS acute health plan. | The National Committee for Quality Assurance (NCQA) Health Employer Data Information Set (HEDIS)® methodology, or the CMS Core Measure Set methodology if different, including the sampling methodology will be utilized for this measure. | • Claims<br>• Encounters<br>• Medical Record Reviews<br>• Electronic Health Records | *Baseline measurement period:*<br><br>CYE 2011: October 1, 2010 through September 30, 2011<br><br>Rate: **94.2%**<br><br>*Remeasurement period:*<br><br>CYE 2012: October 1, 2011 through September 30, 2012<br><br>Rate: **94.7%**<br><br>**Discussion:**<br>The percentage of children/adolescents enrolled in KidsCare who had an annual visit with a primary care physician remained consistent from CYE 2011-2012. |

| HYPOTHESES | PERFORMANCE MEASURE | TARGET POPULATION | SAMPLING METHODOLOGY | DATA SOURCE | MEASUREMENT PERIOD |
|---|---|---|---|---|---|
| **Member satisfaction in the KidsCare program will improve over the waiver demonstration period** | **<u>Member Satisfaction</u>**<br>Percentage of members (adults and children) who give the highest ratings (9 or 10) for:<br>• Rating of health plan<br>• Rating of personal doctor/nurse<br>• Rating of receipt of health care<br>• Rating of specialist seen most often<br>• Getting needed care<br>• Getting prescription medicine<br>• Getting care quickly<br>• How well doctors communicate | KidsCare members enrolled in an AHCCCS acute health plan | Random selection of enrolled KidsCare members from each Acute care Contractor. Survey data will be collected using an independent survey research firm. | Member Survey<br><br>Sampling will occur utilizing the HEDIS methodology technical specifications | *Measurement period*:<br>*Baseline Measurement period*:<br><br>CYE 2013: October 1. 2012- September 30, 2013<br>• Rating of health plan: 2.60<br>• Rating of personal doctor/nurse: 2.59<br>• Rating of receipt of health care: 2.59<br>• Rating of specialist seen most often: 2.58<br>• Getting needed care: 2.42<br>• Getting prescription medicine: 2.51<br>• Getting care quickly: 2.59<br>• How well doctors communicate: 2.64<br><br>*Re-measurement period:*<br><br>CYE 2016: October 1. 2015- September 30, 2016<br>• Rating of health plan: N/A<br>• Rating of personal doctor/nurse: N/A<br>• Rating of receipt of health care: N/A<br>• Rating of specialist seen most often: N/A<br>• Getting needed care: N/A<br>• Getting prescription medicine: N/A<br>• Getting care quickly: N/A<br>• How well doctors communicate: N/A<br><br>**Discussion:**<br>Enrollment in the KidsCare program dropped significantly as a result of the KidsCare program freeze. Consequently, the State did not administer a KidsCare member satisfaction survey in CYE 2016 due to the small number of children enrolled in the program during the demonstration period. |

| HYPOTHESES | PERFORMANCE MEASURE | TARGET POPULATION | SAMPLING METHODOLOGY | DATA SOURCE | MEASUREMENT PERIOD |
|---|---|---|---|---|---|
| **Readmissions will decrease** | **Readmissions**<br>Within 30 days of discharge from an acute care stay | KidsCare members enrolled in an AHCCCS acute health plan | The National Committee for Quality Assurance (NCQA) Health Employer Data Information Set (HEDIS)® methodology, or the CMS Core Measure Set methodology if different, will be utilized for this measure. Behavioral health inpatient stays will be excluded in this calculation | • Claims<br>• Encounters<br>• Electronic Health Records | *Baseline measurement:*<br><br>CYE 2014: October 1, 2013 through September 30, 2014<br><br>Plan All-Cause Readmission: N/A<br><br>*Remeasurement period:*<br><br>CYE 2016: October 1, 2015 through September 30, 2016<br><br>Plan All-Cause Readmission: N/A<br><br>**Discussion:**<br>As a result of the enrollment freeze, the All-Cause Readmission performance rate was not measured for members enrolled in KidsCare. |

| HYPOTHESES | PERFORMANCE MEASURE | TARGET POPULATION | SAMPLING METHODOLOGY | DATA SOURCE | MEASUREMENT PERIOD |
|---|---|---|---|---|---|
| **Inpatient stays will decrease** | **Inpatient Utilization-** Total general hospital/acute care inpatient days per 1,000 member months. | KidsCare members enrolled in an AHCCCS acute health plan | The National Committee for Quality Assurance (NCQA) Health Employer Data Information Set (HEDIS)® methodology, or the CMS Core Measure Set methodology if different, will be utilized for this measure. Behavioral health inpatient stays will be excluded in this calculation | • Claims<br>• Encounters<br>• Electronic Health Records | *Baseline measurement:*<br><br>CYE 2014: October 1, 2013 through September 30, 2014<br><br>Inpatient Days per 1,000 Member Months: N/A<br><br>*Remeasurement period:*<br><br>CYE 2016: October 1, 2015 through September 30, 2016<br><br>Inpatient Days per 1,000 Member Months: N/A<br><br>**Discussion:**<br>As a result of the enrollment freeze, the inpatient utilization rate was not measured for members enrolled in KidsCare. |

| HYPOTHESES | PERFORMANCE MEASURE | TARGET POPULATION | SAMPLING METHODOLOGY | DATA SOURCE | MEASUREMENT PERIOD |
|---|---|---|---|---|---|
| **Emergency department (ED) utilization will decrease** | **Emergency Department Utilization**<br><br>ED visits per 1,000 member months | KidsCare members, 12 months to 18 years, continuously enrolled in an AHCCCS acute health plan. | The National Committee for Quality Assurance (NCQA) Health Employer Data Information Set (HEDIS)® methodology, or the CMS Core Measure Set methodology if different, including the sampling methodology will be utilized for this measure. | • Claims<br>• Encounters | *Baseline measurement period:*<br><br>CYE 2011: October 1, 2010 through September 30, 2011<br><br>Rate: N/A<br><br>*Remeasurement period*:<br><br>CYE 2016: October 1, 2015 through September 30, 2016<br><br>Rate: N/A<br><br>**Discussion:**<br>The ED utilization measurement was not implemented for KidsCare members. |